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THE CANADIAN NURSE

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NURSING AS A PROFESSION

"The News Letter" furnished us with the very message we were wanting to present to our readers as this New Year season, when it published the "Substance of a lecture delivered before the Junior Class at the Massachusetts General Hospital, by Dr. Richard C. Cabot." We may all read and ponder with profit.

"Our profession, the profession to which you as nurses and we as physicians contribute what we can, brings us constantly into the closest contact with human souls. We are with our fellow creatures in their hours of storm and stress, when what is deepest and truest in them comes to light. Such contact is sure to affect us in one of two ways. It can ennoble us or it can make us callous. There is no other alternative. Familiarity with the great spiritual experiences that attend birth, death and bereavement, with the awful perplexity of choosing between one life and another, and the awful desolation of the sufferer who learns for the first time that his malady is incurable, drives us all either to shut our ears to the poignant message of our work, hopeless of understanding its meaning, or else open every sense and every faculty to meet the world's revelations with a faith that is the essence of religion.

I have watched nurses become coarsened, hardened, narrowed by their work. It is inevitable when nursing is only a meass of winning a livelihood. You cannot pass through such an ordeal without showing the scars. We must pass through a fire that consumes if it does not purify. A man can deal with leather or with hemp and be but little changed by it; but he cannot deal with human suffering, terror and temptation, with the desperate struggle of the fallen to get upon his feet again, and utter despair of passionate love confronted with vacancy, without being forced to meet, and as best he can, answer the great problems of human life and destiny. By a well known process all but the finest types of prison chaplain soon begin to show the deadening effect of meeting familiarly the great and sacred crises of human life over and over again until they become commonplace. Unconsciously and inevitably we are all of us infected with the same snug and business-like view of death, sin and suffering, unless the spirit of religion defends us.

Our profession cannot remain secular. If it attempts to do so it

becomes a trade and a low one. What do I mean by the spirit of religion in the work of nurse or physician? I mean the missionary, not the proselytysing spirit, but the spirit of service, the sense of working for a cause that is absolutely and infinitely worth while, in which we can spend ourselves without stint, without restraint, without reserve. The Greek doctrine of the golden mean, of moderation in all things, is the full opposite of the spirit of religion as I understand it. It is impossible for the world to get or for us to give too much of the kind of service I am speaking of. It is its own reward, and the more of it you give, the richer you become. Absolute loyalty to the world's needs wherever found is the sum and substance of it all. Wherever there is the greatest need of me, there is my home, and paradise can offer no greater blessing. It is the soldier's creed, it is the creed of the devotee the world over, and it must be our creed if we are to face the facts, the plain every day facts of our work. Most of us don't face them. Most of our training has the effect of blinding and deafening us to one-half (and that the most vital half) of the facts before us. To concentrate attention day in and day out on physical processes without any attempt to go deeper into their meaning or into the life of the being to whom they belong, is to kill out our sensitiveness to the other manifestations of that life.

We deal with human life, not with human bodies alone, and yet we are trained exclusively in the care of bodies. No wonder that the souls in those bodies rebel now and then and demand some one who recognizes their existence; or else, what is worse, catch from the nurse the materialistic and mechanical view of things towards which all the nurse's training tends. When our training schools admit that to minister to a human being we must know the whole being and not only half of him, then it will be impossible any longer to keep them secular, and the spirit of religion will bring about a reorganization of the training there given and of the type of nurse that graduates. Such nurses will prove the following:

1. The religious spirit is one that can't be discouraged, for there's no uncertainty about our venture as we see it. The road may turn either way, to life or to death; in any case it must be full of opportunity that we want, the opportunity for service, for sacrifice, for courage and cheerfulness under strain, for education and experience, and for knitting closer the bonds of friendship with all sorts and conditions of men.

2. The religious spirit is one that can't be hurt, shocked or wounded. It is invulnerable to insult, taunt, annoyance—so small, so puny they seem, as we look through and behind them to the prize of our high calling.

3. Failure does not seem to touch the religious man, for to fail in

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the ordinary sense is to be taught the weak point in his armor, what he needed most to discover, and so to strengthen. "Bring on more of the same, we thrive on it."

4. Such a person is like a united army, his powers all dominated by a single motive, his eye single. This gives the great calm, the deep, all-pervasive happiness which shines in such people's faces. We all know such and marvel at it.

5. Such a person can't but be enthusiastic, because he is always finding what is surprising and fresh; fresh meaning, fresh value on the old, fresh opportunity and experience in the new.

6. Such a person is everybody's friend because he finds everybody interesting.

With this spirit in our work we cannot help seeing and fighting against the three great dangers that beset our profession. I mean the danger of:

1. Callousness, or the routine spirit.
2. Narrowness.
3. Dissipation of energy.

Of the first of these I have said enough already. Of the second, I have only to add that in my opinion the shortness of a nurse's working life is due to its one-sidedness far more than to the long, hard days and short nights which it entails. To use one set of faculties and to think one set of thoughts unceasingly, as most nurses do, is sure to break us down before our time.

Dissipation of energy, the scattered piecemeal character of a nurse's life, is due to the fact that it progresses towards no goal, builds year by year no edifice in which life may be embodied.

In the training school one works towards a definite goal, the degree; but after that there is at present no series of steps up which one can walk towards a definite end. By graduate classes, by co-operation with the training school, and above all by realizing that it is the business of every nurse, as well as of every doctor, to contribute to the science of medicine, something can be done at once to remedy this. Especially in symptomatology and therapeutics, the nurse has a far better opportunity than the doctor to make discoveries, because she sees so much more than he does of the effects of the treatment and of the details of symptoms from hour to hour.

I have not space to dwell here, as I should like to, on this point; it is one to which nurses must soon consider very carefully, if they are to maintain that continuous advance which alone prevents decay. But far more important is the central motive of the nurse's life. I insist that it must be a religious spirit; if not, nursing falls from one of the noblest to one of the emptiest of occupations.

The ideal I describe is no impossible or far off one. I know nurses of the type I have been describing, never discouraged, never hurt, always enthusiastic and eager to learn by what the world calls failure, single-eyed and full of that deep inner joy that heals and blesses all who know it. There are such nurses, and the secret of their life is their religion."

NOTES ON THE NURSING OF YOUNG CHILDREN

While each branch of nursing has special charm and interest, there is perhaps none more fascinating or with scope for ingenuity, intelligence, than the care of infants and young children.

Working on the orthodox basis of warmth, cleanliness and unremitting attention to the needs of the little ones, every nurse has some small device which has proved useful as a labor saver to herself and her fellow workers

A few notes are here presented of methods which have proved of value in our hospital wards, and lists gained from other nurses.

The difficulty of maintaining a uniform heat during the administration of a feeding may be easily overcome by the provision of a bottle cover—a tiny sack made from a remnant of thick flannel. The practice of keeping the nipples in boracic solution is sometimes abused by the thoughtless nurse forgetting that nipples permanently saturated with boracic, without proper rinsing and cleaning, may be the source of intestinal irritation.

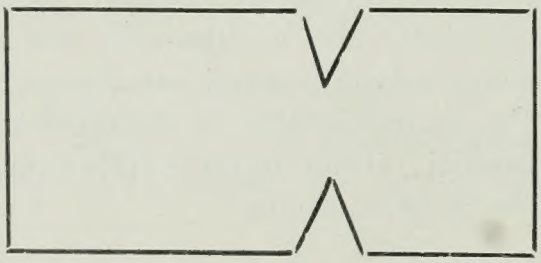
When required for use, the nipples should be carefully removed from the lotion, and it is well to keep an orange stick for this purpose.

The most economical and simple method of clothing children during sickness is a problem of frequent discussion. The following is a description of some garments from which practical and serviceable results have been obtained.

1. In adjusting the napkins of a baby girl, if the inner one be folded into a soft, narrow pad, with the chief thickness lying under the rectum and below the vagina, this one only will be soaked.

In the case of a boy, the thickness must be allowed to fall much further forward and over the penis to avoid unnecessary trouble.

The pattern for this napkin is that often used for adult diapers, which, when folded in the proper manner, presents the thin ends—thus:



2. Instead of a barrow, we use a flannel bag, long enough to

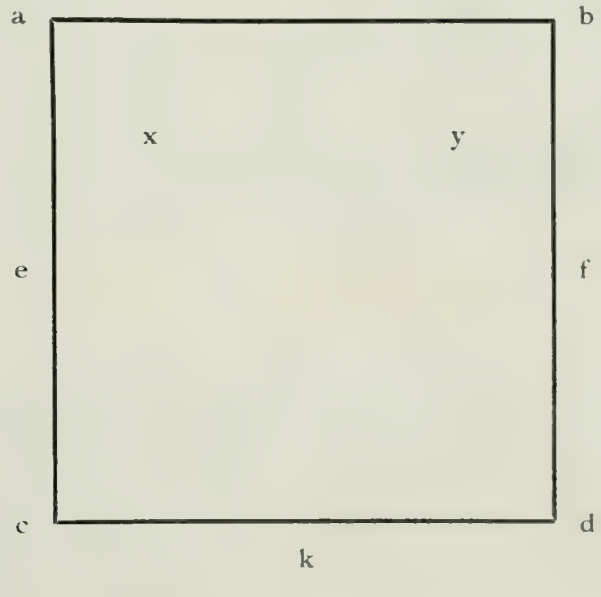
give freedom, loose enough to be comfortable, and very soft. It often fills the place of a hot water bag, and always makes for comfort. Some bags are made from discarded cradle blankets, and lined with old cotton—with a broad tape left long enough to be tied loosely under the shoulders, attached at the top. In our own ward these bags are now supplied in great numbers so that fresh ones, warmed and aired, are ever ready for use. To insure proper attention in the laundry, they are sent down with the blankets, and returned as such.

3. Over the above-mentioned article we use the gown only.

This is turned up smoothly at the back, leaving the front immaculate and pleasant to the eye of the usually critical beholder.

Add to this costume the usual pad over the draw-sheet, and you remain assured of dry beds and warm babies.

4. The bonnet here illustrated is made from a square of cotton used in the following way:



Double AB to meet CKD.

Fold back AB to meet EF.

Lift whole article and reverse, to make BD replace AC.

Fold AB to meet CKD at K.

Roll back CKD to meetXY.

This is the bonnet worn by the Doukobhors and forms a becoming headdress. It has been a boon to us, and replaces many a capaline and other troublesome scalp bandages upon the restless babies.

When a staining ointment is in use we make the headgear of old cotton.

In the picture the baby on the table had a fresh dressing hourly, with eye irrigations every two hours. You realize then what a saving was made in bandages.

Most appealing of all is the truth that to make and apply takes just thirty seconds.

The baby on the table.

The seated infants.

The cap worn by the seated infant on the left, by name "Sweet William," is merely a length of narrow stockinette gathered at one end. This replaces a headshawl for babies whose mothers lie in distant wards. The journey must often be made through cool corridors especially for night feedings, and always to wards of varying temperature, and while the parent can be intimidated into neglecting to remove the cap, she is sure to find the headshawl unnecessary. These are also worn by the older children during the after dinner nap on the balcony, while the same children rebel at the woollen toque because it slips over the eyes.

5. We had trouble with our two and three-year-old cases of tonsils and adenoids and so on, during the hours following upon return to consciousness from one simple cause—a determination to remain uncovered and on top. The question then stands: Shall we risk pneumonia for the sake of peace? Decidedly no! Yet there is seldom a nurse with time to sit by and keep the patient covered. Our solution then is the following addition to the ordinary preparation for anaesthetic: (These are left in readiness by the bed.)

Pneumonia jacket, bloomers, stockings, dressing, six safety pins.

In queer but comfortable positions the sleeping baby forgets hunger, home and mother for a blessed period. These anaesthetic cases are invariably placed in an area kept ready for them by the head nurse's desk, with the surrounding screen left open in that one direction, thus leaving the ward nurses free to do their duties as usual.

A. M. C.

NURSING IN A SMALL HOSPITAL IN CANADA

By E. F. Neelin

The fundamental principles underlying all nursing are the same, and whether we are doing duty in an institution, large or small, a private home, in the city, town or country, it is essential that the graduate nurse be capable of meeting and handling with infinite tact, patience and courage whatever circumstances present themselves at any time of day or night. There is no field of employment open to woman that makes the demands upon her that professional nursing does. One aptly remarked that the ideal graduate nurse should embrace all knowledge from a kindergarten teacher to a philosopher, and with every added year of experience one realizes the truth of the statement. Perhaps there is no branch of nursing that requires the ideal nurse as much as that of lady superintendent of a small hospital.

In Canada there are three divisions of hospitals: first the modern, fully equipped hospital of our large cities; second the small hospital of our baby cities, and third the smaller institution in the towns and villages. Of the first class it is unnecessary to say much, except that

we Canadians are justly proud of the fact that at the present time we possess the largest and most modern hospital in America. I refer to the magnificent structure just opened—the new Toronto General Hospital. The second and third classes we will consider as one because largely the needs and requirements of these classes, as well as the difficulties to be met with by the often overworked superintendent, are identical.

When a young woman has chosen the institutional branch of nursing as her special department of the great work, she often plunges headlong with little or no idea of the vast importance of the work she has undertaken, and is forced to stumble along the stony and devious path of knowledge, making sometimes egregious errors of judgment, having only the hazy ideas of a composite knowledge of her Alma Mater for guidance. Nine times out of ten she is the only graduate nurse in the place. She does the housekeeping, book-keeping, managing the servants, selecting, teaching and training the pupil nurses, purchasing the necessary food, medical and surgical supplies, and at any time of night or day is on call to be consulted in reference to all changes in the patient's condition. In other words, her ordinary day's work consists in filling the position of housekeeper, bookkeeper, superintendent, dietist, house physician, anesthetist, and added to this list of accomplishments she is generally expected to entertain and please the Ladies' Board of Managers who usually know nothing of hospitals or hospital needs. She must have a smile, a cheerful word for each and every patient and their friends, and to offer sympathy and consolation to the grief-stricken people who come to the hospital. It is only the nurses who are filling such positions, and those that have had practical experience, that have any idea of the multiplicity of duties that devolve upon the head of an institution.

Then there is the eternal question of help. Where can one find young women of good education, home training and personality to fill the class of pupil nurses? The chief difficulty is lack of primary education in the entrants. Every daily paper one sees has advertisements from the hospitals in large centres offering places in the training schools, and generally the city with its allurements gets the first choice of our young women, and the small hospital is often forced to accept as probationers whatever is obtainable. Inasmuch as the primary business of a hospital is the care of the sick and the routine work must be carried on, there is this to be borne in mind, that the character of the pupils admitted for training will determine largely the quality of the work done. Just here it might be well to add that in most institutions in Canada it is necessary to have at least one year at High School to obtain a place in the training school, but the attempt to fix a scholastic standard has resulted in the increased number of schools that give a short course in the theoretical work. These schools

are to be both lamented and condemned. Through a diversity of latent talent inherent in the individual mental processes of each entrant, it naturally becomes a complex question of unusual gravity that must be entertained erstwhile it is incumbent on the supervisory head, through careful introspection to study their characteristic aims and ambitions, the development of which tends to fit them the more efficiently for the sphere of usefulness intended, for which they graduate.

Often, too, the financial standing of the institution prevents the hiring of competent cooks, maids ,orderlies and men to do the necessary work around the buildings and grounds.

But while this is only a statement of a few of the greatest difficulties, the law of compensation is still doing its noble work, and it is an acknowledged fact that a superintendent of a small hospital comes nearer to living the home life, which is ideal, than her sister nurse who is managing a large institution. The more people an individual has to control, the smaller the personal contact and companionship, while in a small school, where the superintendent is thrown into direct and daily intercourse with each and every member of the household, there is a great deal of pleasure and help to be given and obtained.

We have been viewing the subject from the graduate nurse's standpoint, but there is another aspect of it, that of the pupil nurse or undergraduate. What are the advantages and disadvantages of training in the small hospital is a question that is frequently asked by young women desirous of entering, before they have really made a choice of training school. What is true of the superintendent regarding personal contact also applies to the undergraduate. There is the regular routine work of the hospital to be carried on 365 days of the year, yet there is less of the "Don't do this" or "Don't do that," rule upon rule, precept upon precept, than in the grind of a mammoth institution where a breaking of one of the least important rules will throw the whole working machinery out of plumb.

While this theory is often advanced in favor of the large hospital, that there are so many more cases to be seen, yet it must be admitted that in a small institution a nurse has a much more intimate knowledge of the cases with which she comes in contact, because of the fact that she is allowed to do dressing ,etc., which falls to the lot of the house surgeons or internes in the large schools. During her operating room training, the pupil in the small hospital is frequently the surgeon's assistant, being allowed to sponge, tie ligatures and hand instruments. In this hospital she is also given a thorough training in the administering of anesthetics. As the Irishman remarked, "Experience is a great teacher, but it never comes twice the same way," so it behooves each and every nurse to grasp all knowledge that comes her way and to realize that the old saying, "Can do is easily carried," is worthy of consideration.

A WAYSIDE NOTE

By the Medicine Woman

"Kill two birds with one stone." That sounds like a wise maxim —at least it is an economical one, thought the Pale-face, as she added P.S. Please bring your tooth forceps. It is plain, mused the Medicine Woman, that a doctor must be called to make rounds on the reserve—there is the chief's baby with pneumonia. Agnes, an ex-pupil, feeling that life is not worth the living—she is suffering from a severe attack of quinsy—that new baby's stomach is a mystery; Mary should have her lungs examined. She has pronounced symptoms of tuberculosis—that heathen woman is losing the sight of her eye, though she still persists in following the treatment of the native medicine man. And now there's Na-na-ba-soo down flat upon his back with another attack of rheumatism.

Now, when the doctor comes, it will be a grand opportunity for the little Indians to get rid of those troublesome teeth.

"Dooth Metchon pleas" had been the daily cry, and had I not been put to my wit's end to supply bottles for them all? Again, how much lies beneath the word toothache?

A writer once said: "Disappointment in politics is painful; disappointment in love is worse; but in either case you can be thankful it isn't the toothache."

He must have had a toothache. But to return to my story. It was plain sailing, so to speak, to transfer the children from the school room to the kitchen. What happened afterwards makes the story.

Little Maggie was the first victim. Meekly and quietly she walked into the dispensary, though her big, grown eyes were fast filling with tears. A gush of tenderness filled the heart of the Medicine Woman. "Oh, Dr. Blank," she pleads, "let me give Maggie a whiff of chloroform; it hurts, you know."

Back came the unhesitating reply, "You bet it hurts."

Into the kitchen went the penetrating fumes. It was enough. It was Willie who gave the alarm. Had he not once been a patient in Melfort Hospital, to undergo an operation on his neck, considered too serious to be performed on the reserve?

"The doctor made me sleep, then—cut my neck," was the information given out to his eagerly listening friends, "and that's the same perfume what I now smells."

Now for the second child. The waiting room was empty. Flying mooseskin moccasins were just disappearing around the corner of the house, and here and there, like so many squirrels, dusky faces were seen peeping cautiously over wood piles, from house corners, behind barrels, etc. "Sydney, come here," the Medicine Woman says

in sternest tones. That spelt relief for eighteen minds—but the nineteenth—a piercing cry rent the frosty air, not of defiance, not of anger, but a pleading cry for mercy.

Where is the man or woman, doctor or nurse, who would take the advantage of the helplessness of a lad of eight, the sole representative of his family—a little lad who was content to remain behind at school, whilst the family spent several months on a northern hunting expedition? "Sydney, you are free—the Mas-ke-ke-es-kwas (Medicine Woman) would run too in order to escape those awful forceps."

Then nineteen index fingers went into as many mouths, and nineteen little Indians explained "No sick me"—and happiness came back to us all again.

"I'm glad he's out," said Maggie, as she rinsed out her mouth for the twenty-seventh time.

Maxims may be all right in theory, but do they always work out satisfactorily?

"THE NURSING MISSION," BEVERLY STREET, TORONTO

In the year 1887, some years before the organization of the Victorian Order, Mrs. Keer, wife of General Keer, and others, members of the Mission Unions, recognized that district nurses were imperatively needed in St. John's Ward, for the members could not hope to minister to the spiritual needs of those they wished to reach, if they neglected to minister to the bodily needs. Even in those days St. John's ward was a badly congested district, although not as to-day, inhabited almost altogether by a Jewish population. At that time all denominations of Christians as well, were represented there. So the idea took form and the opening of a training school in district work for nurses with a graduate nurse as superintendent, under the control of a president and board of directors was the result. For some time the work was carried on under difficulties, as the building secured was not in any way adequate, but in 1901 Mrs. Goldwin Smith, hearing of the need of the mission for a comfortable, sanitary home for the training school, most generously offered the present home, 55 Beverly street, for a mission home and training school quarters, with taxes paid each year by her estate, so long as it was used for that purpose. Her offer was accepted by the board, although much to their regret, the board of the mission union disagreed with their doing so without reserving to them certain rights that the former board did not agree with; so from that time, 1901, the board of the nursing mission has carried on its work apart from, but in sympathy with, the Mission Union, and with the same principle as its guide as when first organized.

Every case, as far as is possible, that applies for a nurse from the

mission, is investigated by a member of the board, and an interesting and satisfying work each member finds it. Not by any means is each case a case of actual distress, although only too many are, but each case is a case of suffering, and as each member gives of her sympathy and, if need be, material help; she tries, too, to give a little spiritual help, and here let me say, the help is not always only given to the sufferer, but is given by the sufferer to the visitor, in large measure, over and over again.

At present the staff of the mission consists of Miss Temple, the Superintendent and nine nurses-in-training. Miss Temple is a Graduate and Gold Medalist of the Training School for Nurses of Waltham Hospital, Waltham, Mass., which includes in its course a training in district work.

Each nurse, before being accepted for her two years' course, serves a two months' probation, and the great object of the board is to secure only such women as have not only a love for the nursing work itself, but who are earnest Christians, hoping through them to help the spiritual needs of the patients, for a nurse's opportunity for work of that kind is almost unlimited.

During her probation, and till such time as the Superintendent considers her competent to go on a case alone, the junior nurse always accompanies a senior nurse on a case, so learning how to act on similar occasions. The Superintendent also, as far as possible, visits each case at least once, and, if severe, more often, observing how the nurse-in-training does her work, etc., etc.

One rule that is insisted upon, is that no case except one of great emergency be accepted that has not a doctor in attendance. The reason for the necessity of such stress being laid on this rule is that it is necessary to protect both patient and nurse, for very many of these poor patients think that it is not at all necessary to have a doctor when they have a nurse, and one knows that even a hospital graduate will, in the interests of her patient, refuse to work, if not under doctor's orders, unless in a case of emergency.

As in a hospital training school, lectures are given and demonstration classed held by the Superintendent, and lectures on surgery, medicine, gynaecology, and obstetrics, etc., given by the members of the medical staff connected with the mission. They also attend clinics at the Simcoe Street Dispensary and the Women's Dispensary, Seaton street, and now the Toronto General Hospital has also favored the mission by allowing its nurses to attend some of the clinics at the hospital.

The practical knowledge obtained by the mission nurses is well known by all who have come in contact with them, also their great resourcefulness and adaptability. Some after graduating have taken

post-graduate courses in one of the large hospitals, and have proved themselves to all with whom they have come in contact as women of high ability. Some have taken up private work, some taken charge of wards in hospitals, others have gone to the foreign fields as missionaries, some also have identified themselves with the "Margaret Scott" Nursing Mission of Winnipeg, which was organized some years ago on the same lines as the Nursing Mission, Beverly street.

Some time ago several of the doctors of the city asked that a registry for the graduates of the Mission be opened at the Home. So far this has not been done, but it will be in the near future. Such a registry is a necessity for obvious reasons.

For all these years, the work has been carried on in faith, for it has no endowment fund and does not solicit subscriptions. Should it move to another district of the city, it would even forfeit the Home itself, for that is the mission's only as long as the mission remains there. No charge is made to any patient, but where possible, to prevent pauperizing, they are encouraged to give a "Thank offering" to help on the work and help those less fortunate than themselves. And surely the faith is rewarded when the work is able to go on, year after year, with little to spare, it is true, but blessing, we hope, those whom it helped, and certainly blessing those who work.

H. F. Burland.

THE ORIGIN AND GROWTH OF DISTRICT VISITING NURSING

What is known to-day as district visiting nursing, was first done by the deaconesses in the Mennonite congregations in Amsterdam, Holland. In these congregations there was the confession of faith, dated 1632, setting forth the character of deaconess nurse service; and one of the antiquarians, Professor Cramer, says that such service was already in action during the latter part of the 16th century. It has continued to the present day, but not so much in nursing as in other forms of service. Many years later the deaconess work was established by Pastor Fleidner, of Kaisersworth, Germany. The purpose of his school was to render aid to the sick and suffering in their own homes, and, in such service, to train young women for similar work in wider fields. At the present day visiting nursing is done by Institutional deaconesses and hospital nurses.

The work was established in England in the year 1862, the first society being formed in London. Manchester followed in 1864, and very soon societies were started in all the larger towns.

Visiting nursing has been done in the United States for about thirty years. The women's branch of the New York City Mission and Tract Society first started visiting nursing by a missionary in 1877.

Another New York society was started in 1878, and since then visiting nursing societies have multiplied.

In 1885, for the first time, this branch of nursing was taught, as part of the course of training at Waltham, Massachusetts, and to-day there is scarcely a city or town without a District Visiting Nursing Association.

As I am a Graduate of the Waltham School and Hospital I would like to tell you of an incident which made a lasting impression upon my mind, as to the value of such teaching and experience. The day before Thanksgiving a nurse was sent to a certain house with the following orders from the Doctor: "Do what you find necessary." She found a family consisting of father, mother and baby, living in two rooms, no fire, and the place very cold and cheerless. The father was lying on a couch, and it was quite apparent he was in the last stage of tuberculosis. In a bed, in the same room, were the mother and baby. The nurse lighted a fire and prepared breakfast of dry toast and tea, and tidied the rooms while water was heating, then gave the three patients a bath and rub, and made them as comfortable as possible, leaving food prepared for the day. Thanksgiving morning she reported the case to the superintendent, who, with the nurse, packed two baskets with all that pertains to a good Thanksgiving dinner, adding the flowers from the nurses' table, and carried them to that home. After the fire was lighted and patients bathed, a table was set as daintily as possible, and the contents of the baskets made it most inviting. The man was lifted into a rocking chair close to his wife's bedside, and they partook of their last Thanksgiving dinner together. When the nurse returned to clear the table and assist the man to his couch, the expressions of gratitude from that couple were beyond description.

The Victorian Order of Nurses was instituted as a Diamond Jubilee Memorial to our late beloved Queen Victoria. The thought originated with the Countess of Aberdeen, who was President of the Women's Council.

In 1897 the Council met in Annual session in Halifax, Nova Scotia, where Lady Aberdeen first made public her idea, which met with universal approval. I was visiting Halifax at the time, and a friend, who knew I had received special training in visiting nursing, mentioned that fact to Lady Aberdeen, who immediately asked me to visit her at Government House. We had a most enjoyable visit and everybody became enthused with the idea. I suggested that instead of waiting to raise a million dollars to institute small hospitals in mining and other districts, that training schools be started in every province, and then those nurses sent to towns and outlying districts. I also suggested that the governing board secure the services of Dr. Alfred Worcester,

of Waltham, Massachusetts, as being an enthusiast upon the subject, to deliver lectures in the larger cities of the Dominion. Lady Aberdeen wrote Dr. Worcester, with the result that he lectured in Ottawa, Toronto, Montreal, Halifax, St. John and other cities, and soon after, Training Homes were instituted at Toronto, Ottawa, Montreal, Halifax and Vancouver. Dr. Worcester was accompanied by Mrs. Worcester and Miss Charlotte Macleod, Superintendent of the Waltham Training School for Nurses. Miss Macleod was afterward appointed Lady Superintendent, and served the order for several years.

This "Nursing Mission" advocates training in visiting nursing for visiting nursing. Nurses trained altogether in hospital wards where there is every convenience, and head nurses, by whom they are directed in all their duties, are frequently at a disadvantage when thrown upon their own resources. Physicians are most kind in giving a course of lectures upon anatomy, physiology, emergencies, medical, obstetrical and surgical nursing. The Superintendent gives frequent quizzes upon these various subjects, practical demonstrations in nursing, invalid cooking and massage. She also visits the cases to teach, render assistance, or encourage nurse and patient. Through the courtesy of the Superintendent of the Toronto General Hospital, the nurses are invited to attend operations and clinics as frequently as possible.

New avenues of labor are constantly opening to women, and we are coming to realize that no work is menial. She who puts her heart, her best energies, and her brain into her work, need never fear any kind of employment. So it is with nursing. One who loves humanity need have no fear of injuring her professional dignity. She but gains additional honor by her devotion to her patients, and by being willing to serve in alleviating suffering and giving comfort and joy. Such an one will gain the Master's approval—"Inasmuch as ye have done it unto one of the least of these, ye have done it unto me."

Sara L. Temple.

DORA

"Whiter tal de snow!" That was her baby way of saying "Whiter than the snow," but a more sorry contradiction of snow—except perhaps for the purity and innocence of her baby face—could not possibly be imagined.

Grimy and ragged beyond all recognition, hair that was straggling and wet, eyes that might have been beautiful but for the story of misery all too plainly revealed by them, arms and legs enveloped in filthy rags, to make some sort of covering for the burns—an additional misfortune which had fallen some hours previously to her already heavy lot.

Her mother—how unworthy of the name was the woman—had heavy lot.
carried her from public house to public house until no longer, if at any time, capable of looking after the child, she was given into custody, and a kindly policeman carried the mite to our hospital.

"Dora" was her name; that was all she could tell us. But after the burns were dressed and she had been made comfortable in her cosy cot, the little one revived and, looking at me anxiously, asked, "Shall I ting to you, Mrs.?"

On receiving an assent she piped forth in a weak little voice,

"Whiter tal de snow, whiter tal de snow;
Wass me in de blude of de Lamb, Lord, and I sall be whiter tall de snow."

It was the last time for weeks that we heard the little singer.

The exposure and neglect had proved almost too much for the frail body, and her life for days was despaired of.

At length she began to improve, and once again volunteered to sing for us—always the same tune in the same plaintive voice. I fancy I hear her now.

On visiting day I found her with great tear drops streaming down her face, and enquiring the cause of her grief, she told me that "Mammy had gone to gaol for drinking beer and being drunk."

Poor child! Her sorrow was very real, but with a little comforting and diversion, happily she was able to forget it for a time.

Her statement, alas, proved all too true, for the local papers contained an account of the woman's gross cruelty to her children and neglect of her home, and of her well-merited punishment.

And so the little singer stayed and grew dearer every day to the hearts of each one of us.

The daily operation of dressing the wounds was invariably accompanied by a storm of tears, but the last bandage safely fastened, her little face was quickly wreathed in smiles, and "Tal I sing for you?" she would ask—again we would hear the same verse of the same hymn. But to our ears it never grew monotonous, for we felt that Dora in her own little way had tried to show her gratitude.

At last the little patient was quite convalescent, and sorrowfully we were obliged to part with her.

Her existence indeed had almost escaped my memory, but one day, passing through a slum of our city, my eyes fell on a group of children sitting on a doorstep, and in their midst our little Dora. Grimy and dirty as of yore, but apparently well content, singing as I had so often heard her:

"Whiter tal de snow;
Wass me in de blude of de Lamb, Lord,
And I sall be whiter tal de snow!"

RE STANDARDIZATION OF HOSPITALS

From the point of view of the public, the most important matter which was passed on at the Clinical Congress of Surgeons, held in Chicago, was the adoption of the report made by the sub-committee of the congress on the subject of the standardization of hospitals, in regard to the matter of statistics in respect of patients before, during and after treatment, whether operative or otherwise.

The proposal which was endorsed by the congress is to have an efficiency committee in connection with each hospital in charge of the work.

The object of the uniform recording system is through fuller and more exact knowledge, to eliminate unnecessary operations, do away with such operating or treatment as does not prove wise, efficient, and by following up the case ascertain whether the methods and remedies employed have been of temporary or permanent value.

The report points out that at present it is nobody's business to see that the hospital patient has got results from his treatment—operative or otherwise. The trustees leave this question entirely to the staff, on the ground that their reputations are above reproach. Each member of the staff naturally does not want to call the attention of others to his own bad results, and quite naturally shirks the odium of publicly criticizing those of his colleagues. The superintendent, even if capable of recognizing carelessness or incapacity on the part of the members of the staff, especially if they are successful private practitioners, has seldom the power or moral courage to protest.

Therefore, it is essential that a body composed of members of all these departments should constitute the efficieny committee. What has been everybody's business and yet nobody's business, will become their business. They should be strong enough to do at least three things.

1. To call the attention of the staff to their waste products.
2. To gain the concentrated attention of the superintendent.
3. To be listened to by the trustees.

The trustees msut be represented on this committee—possibly by a paid agent.

Trustees of hospitals who do not investigate the results to their patients do not audit their accounts. Even if their product is given away it should be as carefully inspected as if it were to be sold.

The result under such a system would be that, "Each morning a clerk writes a routine letter to every patient who was discharged exactly a year before, asking him to report to the accident room or to reply by letter. Notes of these replies are made on the books of the end result cards. (By this plan the Massachusetts General Hospital

of Boston obtains end result notes of over 50 per cent. of the cases."

In adopting the report a resolution was also passed that a copy of it and the explanatory pamphlet on standardisation, should be sent to every hospital in America, Canada and those parts of the American continent which the congress covers. It was also decided to communicate with the American Medical Association and the Carnegie Institute with a view to securing funds to carry on the work.

REGISTRATION OF NURSES

"The British Journal of Nursing," of November 29, gives the following, copied from the "Law Times":

"It would seem as though in this country that Parliament has not as yet adequately appreciated the need for some legislation on this ject. It is nearly ten years ago since Dr. Farquharson introduced in the Comons a bill for the State Registration of Trained Nurses, which bill, without considerable modification, has been since then annually presented by the Right Hon. R. C. Munro-Ferguson. In the Lords an attempt was made in 1908 by Lord Ampthill, but his bill got no further than its third reading in that House. That these efforts are not the mere outcome of some individual faddists is shown by the fact that in 1905 a Select Committee of the Commons, having taken evidence during two sessions, agreed that it was very desirable that a central body should be set up by the state to keep a register of nurses. There is at present no adequate standard of nursing education. We have to trust largely to the splendid spirit which, as a rule, animates the nurses themselves; and to the traditions inspired by hospital experience. In the case of the doctors, a general medical council prescribes the standard of medical education, but in the case of the nurses, on whose efficiency and judgment so many lives depend, there is no analogous nursing council with powers to raise and maintain the standard to the level desired by the best authorities. It is rather notable that hospital boards are largely under male management: and the knowledge and influence of women, which would be so specially appropriate in connection with matters affecting nursing, are not adequately employed.

THE NEED

It must be obvious that in other departments great efforts are being made to increase the efficiency of general education. In connection with this special and technical subject, there is no guarantee to the public that a nurse is really efficient. The formation of a central authority would remove the fear always entertained by the relatives of a sick person at some crisis. Registration would imply a definite curriculum and experience; and it would hall-mark a woman as a per-

son of skill who has undergone the supervision and discipline analogous to that to which the medical man has been subjected. Having regard to the serious accusations which appear from time to time in the press, it would be possible under a scheme of registration to put to the test the truth of statements which occasion so much alarm. A nursing council could, after inquiry, ensure that a nurse unjustifiably condemned should not have her career thereby imperilled; whilst substantial and proved charges could be brought home with adequate severity. At present, when once a certificate is obtained, a nurse cannot be deprived of it, however bad a character she may be shown to possess. It is quite time that a system which works well under alien skies should be set up forthwith in this country, in accordance with the overwhelming weight of medical and nursing opinion."

THE CANADIAN NURSE EDITORIAL BOARD

The annual meeting of "The Canadian Nurse Editorial Board" was held at 295 Sherbourne St., Toronto, on Friday, November 28, 1913. The President presided, and six other members were present. The minutes of last annual meeting were read and approved. The secretary read letters expressive of regret at inability to be present from Miss Kirke, Halifax, N.S., and Miss Judge, Vancouver, B.C.

The Business Manager's report showed the amount received from advertisements from September 30, 1912, to October 1, 1913, to be $2,141.00, and subscriptions, $1,231.00. The attention of the President was called to the fact that our agreement with the publisher gave us twenty per cent. of the earnings of the magazine over and above $3,000.00, and a committee was appointed to interview the publisher.

The secretary called the attention of the meeting to the resolution re "The Canadian Nurse," passed by The Canadian National Association of Trained Nurses, at the convention in Berlin, Ont., in May, 1913, and said she understood Miss Flaws, Toronto, had been appointed, but no communication about the appointment had been received.

The resolution was read: "That the Executive appoint a committee to communicate with the Board of Directors of "The Canadian Nurse" with a view to finding out what may be done to bring about what has been recommended in the report of the Publications Committee."

It was then decided that as no communication had been received, nothing further could be done by the board.

Then the question of increasing the interest and having each member of the Editorial Board realize her responsibility to contribute material regularly, was discussed; also some plan to facilitate the work

of the editor in communicating with contributors. It was decided to have postal cards printed to reduce the letter writing somewhat.

One suggestion was that, "It would make a good item for the journal to put in the names of the contributors and the number of articles they have sent during the year."

The benefit of having the Editor meet the Nurses in the different parts of Canada was next discussed. As a nurse from the West said some time ago, "Having discussed the situation with you, I know if you could meet the nurses face to face and talk the matter over, the interest would be increased materially." But the finances do not admit of this expenditure.

The meeting then adjourned and a social half hour was spent over a cup of tea.

THE SCHOOL NURSE

To Germany must be given the credit for having first taken steps to examine the teeth of school children, according to Dr. J. E. Black, who led the discussion at the Vancouver Dental Society on how best to conserve the teeth and render efficient dental service to the children of Vancouver. Examination of many children in Ireland and Scotland showed that 85 per cent. had defective teeth. When the idea was first taken up in the New England States it was found that 75 per cent. of the children's teeth were affected. These irregularities of the teeth caused indigestion, neuralgia and malnutrition. Dr. Maxwell, of New York City, was quoted as saying that "malnutrition is the chief cause not only of physical weakness, but of mental weakness, and is no doubt responsible for the dreadful ravages made by the various forms of tuberculosis. A badly nourished body furnished a poor support for intellectual efforts and, instead of being a barrier against, is a standing invitation to disease." A leading authority in the United States referred to teeth ailments as the "scourge of children."

Dr. Brydone-Jack said a clinic would be established this year in connection with the public schools, as one thousand dollars had been set aside for that purpose. His Worship Mayor Baxter thought children should not be sent out into the world handicapped by a poor masticating apparatus. He would do all in his power to help establish a free dental clinic for the children of Vancouver.

The regular monthly meeting of the Canadian Public School Nurses' Association will be held hereafter on the first Tuesday in the month at 4.15 p.m., at the Nurses' Club, 295 Sherbourne St., Toronto. Mrs. Struthers, the President, presided at the December meeting. Miss Roberts was elected recording secretary to replace Mrs. Feny, who has left for Prince Albert, Sask., to take the position of School Nurse at

that place. After the transaction of business, afternoon tea was served and the meeting adjourned.

Some extracts from a paper outlining the "School Work of the Tuberculosis League in Pittsburg" will be of interest to many.

"The educational campaign for the prevention of tuberculosis, carried on in Pittsburg through the schools, was organized in 1908 by a Johns Hopkins nurse, Miss Stark, and has been continued each year. The league obtained permission from the Public School Board and from the Bishop of the Catholic Church to carry on this work in the public and parochial schools. The teacher-nurse visits these schools in turn, solicits the co-operation of the principal and teachers, and then goes from room to room, giving fifteen to twenty-minute talks, adapting the material to the age and understanding of the pupils. The older ones are told a little about the history of tuberculosis, its prevalence, cause and prevention. The younger ones are merely given a lesson in hygiene. A pamphlet entitled "Tuberculosis or consumption, and how to avoid it," "Lessons for school children," is distributed to each child or family. The little booklet covers the subject in a very simple and comprehensive way, and is illustrated by many significant pictures. The teachers are asked to have the children write a composition on the subject to help impress the important facts on their minds. Many of these compositions are very good and show that they have read the book and understood it.

While there are as yet no statistics to show what this special effort has done for Pittsburg, it is quite certain much has been accomplished.

Among the numerous questions which are coming to the front in the present day, that of infant mortality is one which is widely discussed. People are asking themselves and others the cause of this great waste of human life. The question is complex and one which is difficult to answer. There are many factors in the problem.

Ninety per cent. of the infants who die during the summer months are bottle-fed, and until the mothers learn the lesson that breast feeding is essential, the death rate will be high. The restless anxiety of the mother drives her from one doctor to another, from one neighbor to another, and from one clinic to another, for advice. Overcrowded quarters, the cold, draughty basement in the winter, and the hot, stuffy attic in the summer, the father who will not support his wife even at the time when his help and support are most needed, the widow with her small flock of little children, and the untrained mother are a few of the causes contributing to the high death rate. The necessity for the well qualified Public Health Nurse is great.

If we define a normal home as one which is presided over by a

loyal father and a trained mother, and in which the income is sufficient to meet the necessities of life, we will find that few infant-deaths occur in normal homes. We must not, therefore, aim only to secure pure milk and to provide medicinal care for sick babies. We must do these things, but must also by means of education and by means of well-directed philanthropy secure for each infant a normal home.

The nurses will find homes in which education alone cannot meet the acute present problem. The following story is not a new one: A mother, pregnant, and with five children, the oldest six years of age, is deserted by her husband at the beginning of the winter. The mother was trained for factory work, but not for home-making, and probably contributed, by her poor management, to the complete discouragement and demoralization of the father. It becomes the duty of the Public Health Nurse to focus upon that home the social agencies which will maintain the health of the five living children and secure a fair start for the unborn child. Education combined with wisely-directed philanthropy and control, must re-establish the present home upon such a basis that the six children may become better citizens than their parents.

Pastor Fliedner, of Kaisersworth, to whose hospital Florence Nightingale went for training, laid down as the essential qualities for a district nurse, the following: "The cardinal virtue of a district nurse is practical wisdom to grasp and comprehend, to sympathize, to regulate and order, to discriminate between true and false, to penetrate to causes, to plan for regeneration." The statement applies in this day of increased opportunities. Pure milk, mothers' and babies' consultations, education of the young woman, charity organization systems, the thoroughly trained Public Health Nurse, and the ideal before us of a normal home for every child mean no infant death rate from preventable causes—in the bright future.

What is the education of the generality of the world? Reading a paper of books? No! Restraint and discipline, examples of virtue and of justice; these are what form the education of the world.—Burke.

Editorial

UNITED WE STAND

Now that the New Year is here, those associations that have not yet affiliated with The Canadian National Association of Trained Nurses should not delay longer in taking this step. If the National Association is to accomplish the objects for which it was organized, viz.: (1) "To encourage mutual understanding and unity among associations of trained nurses in the Dominion of Canada; (2) To acquire a knowledge of the methods of nursing in every country, to elevate the standard of professional education, and promote a high standard of professional honor among nurses in all their relations, to encourage a spirit of sympathy with the nurses of other countries, and to afford facilities for international hospitality," it must embrace every association in Canada.

No association can reach its highest ideals or accomplish all the work possible if it stands alone. And every association, doubtless, realizes this, but has just put off taking the necessary steps to promote greater unity and therefore greater strength. The months slip by very rapidly, and if each association does not take Time by the forelock and attend to this matter now, the Annual Meeting of the National Association will be here, and your name will not be on the roll; your part of the work will be undone.

The Executive of the National Association appointed Miss Crosby, 41 Rose Avenue, Toronto, Convener of the Eligibility Committee, and she will be very glad to hear from all those associations that are not yet affiliated.

GOOD ADVICE

"It is the opinion of the Publication Committee that the best and most effectual way to attain a national journal is for each and every society and individual nurse to make a special and particular effort to support 'The Canadian Nurse,' to subscribe to it collectively and individually, to send articles and notices, and endeavor to make it not the local organ of the east, but the voice of the Dominion, as it is intended to be. Let each province hold itself responsible for definite contribution to the Magazine. Such general effort and responsibility

would not only make "The Canadian Nurse" the factor it should be in the Dominion of Canada, but would also enable the National Association to fulfill its avowed home policy."

This is some of the good advice that was given by the Publication Committee of The Canadian National Association of Trained Nurses in its report submitted at the meeting in Berlin in May, 1913.

Though this report was printed in full in our September issue, we have an idea that some societies, and some nurses too, must have neglected to benefit by the good advice. Our conclusions, of course, are drawn from results which have certainly not been such as to overwhelm us. But perhaps many or only waiting for the New Year to put their good resolutions into effect. We trust this is so, and therefore await future developments with anticipation.

SERVICE

Service must be the keynote of the life if happiness, real happiness and inner contentment, are to be the lot of the individual. More and more is this being realized by all who take any interest in humanity and seek to have a share, however small, in helping make the way a little less rough for some struggling one. And nurses, who have such unequalled opportunities of learning the need, are realizing, as never before, that there is a part in this social service which none can do so well, which, in fact, will not be done but by them.

In evidence of this we might refer to the work of a number of organizations in different parts of Canada where nurses are rendering valiant service. Then, too, there are the individual nurses who quietly help and encourage and cheer, and only those helped know of the service and its value.

The latest evidence of this desire for service that has come to our notice is "The Golden Rule Guild," organized by the Alumnae Association of the Toronto General Hospital Training School for Nurses. The work, which is explained by the letter which we quote below by kind permission of the President, has been waiting, now it is to be undertaken by willing hands and enthusiastic hearts.

"For some time past the nurses belonging to the Alumnae Association of the Toronto General Hospital Training School for Nurses, have experienced a growing desire to engage in some specific work for the good of others. After consultation and mature deliberation, this desire culminated in the decision to endeavor to raise a sufficient sum annually to pay the salary of a nurse who would do social welfare work among the out-patients of the Toronto General Hospital who come to the Maternity Clinic.

The Constitution of the Alumnae Association does not at present admit to membership anyone who is not a graduate of the T.G.H. Training School for Nurses, although the Association is quite free to make an appropriation of its moneys for work of this nature.

As the aim is to make this work as broad and far-reaching as possible, it was deemed advisable to organize a guild whose membership would include nurses from every training school together with under-graduates, in fact, all persons interested in welfare work. Such a guild ought to develop and educate the under-graduates and, at the same time, furnish all graduates and others interested with an opportunity for service.

A special meeting of the Alumnae was held in the Clinic Room of the new Toronto General Hospital on Friday, November 28, 1913, when addresses were delivered by Misses Gunn, Grant and Snively. The new society was organized with a membership of one hundred, of whom thirty-five are sustaining members. The name chosen was, "The Golden Rule Guild," and the object for which it exists is "Service." The officers are: President, Mrs. H. T. Baily; vice-president, Miss Robson; secretary-treasurer, Miss Madeline Elliott. The annual membership fee is fifty cents, while sustaining members will pay five dollars annually.

The following ladies have consented to become patronesses: Lady Meredith, Lady Pellatt, Mrs. H. D. Warren, Mrs. Falconer, Mrs. Cawthra Mulock.

There is now a balance of five hundred and twenty-five dollars in the treasury of "The Golden Rule Guild." This sum is made up of fees of active and sustaining members together with donations.

Do you not feel that you would like to have some share, however, small, in helping to further so worthy a work? By so doing you would not only encourage those who have undertaken this responsibility, but prove by personal experience the truth of the words: "There is that scattereth and yet increaseth." A copy of this letter is to be sent to each graduate of the school and to anyone interested in the work.

Our best wishes go out to this new organization for success in its work. The need is urgent, the possibilities are unlimited, the value of the service that may be rendered cannot be reckoned. Go forward! You must not look back, and the "Well done" will be your reward.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. D. L. Owens, 10 Trinity Square.
Superior—Mrs. Goldwin Howland, 538 Spadina Ave.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

A meeting of the Guild of St. Barnabas for Toronto was held Thursday, November the 13th, 1913, at 8.15 p.m., when three associates were admitted to full membership, and one member admitted as associate.

A motion was made and adopted to change the day and time of the meetings to the second Friday of every month at 8 p.m.

It was suggested by the Chaplain that an effort be made to extend an invitation to nurses from the Old Country, now living in Toronto, to visit and join our Guild.

After the business meeting was over, all enjoyed the kind hospitality of Mrs. Owen.

The next meeting will be held on Friday evening, December 12th, at 8 o'clock in Holy Trinity Church, Trinity Square. The meetings this fall have been most encouraging. Very helpful addresses were given by the Chaplain, Rev. D. T. Owen, and a good average of members in attendance.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-President, Mrs. W. S. Tilley, 56 George St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Mrs. MacConnell, 127 Major St., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

We very much regret having to report the resignation of Miss Bella Crosby, who has been our worthy President for over three years, and who has worked so untiringly for Registration of Nurses in Ontario.

We wish to thank her heartily for all the time and energy she has spent while in office as our President, always doing everything in her power to raise the standard of our profession, and we are sorry she could not continue as our president until our dream is fulfilled and nurses have Registration.

Mrs. Tilley, first Vice-President, presided at the November meeting when there was a large meeting of the executive.

Miss Smith, chairman of Hamilton Chapter, was present, and reported favorable progress and the arrangement of a good course of lectures for the winter meetings.

The lecture committee has arranged a course of lectures to be given at intervals during the winter at the Club House, 395 Sherbourne street, Toronto.

Information re St. Michael's Hospital, unfortunately omitted from the pamphlet prepared by the executive, has been received and will be added to any sent out in future.

The Peterborough Chapter reported a good meeting, when Dr. McPherson gave an interesting and instructive address on "What a Nurse can do to Promote Public Health."

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The monthly meeting of The Canadian Nurses' Association was held on Tuesday evening, December 2nd. Miss Phillips presided, and there were forty-five members present.

Five new names were added to the roll of membership, and four were proposed.

The Association was asked by a representative from The Griffon Town Girls' Club, if the members could assist one night a week. Miss Colley agreed to be our leader, and it was taken up quite enthusiastically, several members promising to help.

At the close of the business meeting, Miss Phillips introduced the lecturer, Dr. Grant Campbell, who gave us a most interesting lecture on "The Ductless Glands."

A hearty vote of thanks was accorded Dr. Campbell, and a social cup of coffee brought the meeting to a close.

The twelfth annual meeting of the Winnipeg branch of the Victorian Order of Nurses was held on the evening of November twenty-seventh at Government House.

In the absence of the secretary, Mrs. Tupper, Miss Bain read a very comprehensive report, which was greeted by applause. Miss Mary A. MacKenzie gave a resume of the work of the Order throughout the Dominion. Chief Justic Mathers, Mr. Allen, Mr. Drewry and others made short speeches on the magnificent work which is being done by the Order.

Miss Cole, the head nurse, reported that 8,801 visits had been made during the year, and 1,025 new patients nursed.

The following guests were present: His Honor, Lieutenant-Governor and Mrs. Cameron, Chief Justice and Mrs. Mathers, Lady McMillan, Lady Schultz, Rev. and Mrs. D. Christie, Mr. and Mrs. Allen, Mr. and Mrs. E. L. Drewry, Mr. and Mrs. Goldstein, Mr. and Mrs. Harris, Mrs. Hinton, Mrs. G. Bury, Mr. and Mrs. Bergmann, Mrs. A. Kelly, Dr. Thom, and the nurses of the Victorian Order.

Miss M. A. MacKenzie, who is Chief Superintendent of the Victorian Order of Nurses for Canada, arrived in the city Wednesday, after having spent several months in the Western provinces, inspecting the branches of the order, and organizing new ones.

"The Victorian Order has led the world for high standards in district nursing for sixteen years," said Miss MacKenzie. Reference was made to the increase in Country District Nursing Work.

Her Royal Highness, the Duchess of Connaught, made an appeal to the people of Canada last year for funds to enable the Victorian Order to extend all of its activities. The result was the sum of $222,000, which has been set aside as an endowment fund, and the interest will

be used each year to extend the work of the Order, but principally to help in supplying fully trained nurses for the country districts.

Miss MacKenzie congratulated the committee and nursing staff on the most successful year in the history of the Winnipeg branch, and made a number of practical suggestions with a view to making the work still more efficient. The importance of pre-natal visiting, and visits to the babies up to the end of the first year, was emphasized in connection with the splendid work which is being done in connection with the Child Welfare Campaign.—The News-Telegram.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 206 Spadina Avenue, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

APPRECIATION

"Restholm," a private hospital, at 53 Brenton St., Halifax, is owned and conducted by Miss Pemberton, a nurse who has had almost unlimited advantages and experience in institutional, private and district nursing, in Canada, the United States, England and Scotland. This hospital has been open for about five years, but this year it became necessary to procure a larger building, so as to be able to offer a larger number of rooms to supply the demand. The November meeting of the Nova Scotia Graduate Nurses' Association was made the occasion of the formal opening of the new "Restholm." A large number of guests came to an afternoon tea, and expressed great pleasure as they were shown through the various attractive rooms. The Association placed on record its hearty and grateful appreciation of the kindness, liberality and enthusiastic interest shown by Miss Pemberton, as President and also as Registrar.

At the December meeting, after the usual business had been dispatched, Miss Graham read a very bright and happy "Address" to our President, and asked her to be prepared for showery weather. At the same time the cords were cut from two large interesting-looking bundles, which had been deposited in front of the President's chair, and a shower of linen descended, which the "Address" had said was a presentation from the members of the Association, as a mark of goodwill and appreciation. Miss Pemberton, though taken completely by surprise, expressed her thanks in a few well chosen words.

HOSPITALS AND NURSES.

Miss Margaret Walker, of Vancouver, formerly of Guelph, Ont., came east with a patient, and visited her old friends in Guelph during December.

The regular monthly meeting of the Alumnae Association of the Hospital for Sick Children, Toronto, was held at "The Residence," Elizabeth Street, on November 13th. The President in the chair and twelve members were present. Two new members, Miss Cook and Miss Davis, were received. Miss J. Hamilton gave a resume of the printing and publishing of the first and second edition of the Alumnae Cook-book, and all members were asked to assist in the sale of the present edition, the proceeds of which are to be applied to the Sick Benefit Fund and to the Heather Club. Mrs. Clutterbuck, Regent of the Heather Club, gave a most interesting report of the annual bazaar of the club. Miss J. Hamilton was appointed convenor of a committee to prepare a report of the work done by the Alumae since its inauguration in 1903, a copy of this report to be sent to every member of the Alumnae.

The Alumnae Association of Montreal General Hospital held its monthly meeting on Friday evening, November 14th, 1913, in the Nurses' Home of the Hospital.

Dr. Simonds, Rector of Christ Church Cathedral, Montreal, gave an interesting talk on Charles Kingsley's "Water Babies."

Miss Nelson, M. G. H. Class '09, has returned to New York, after spending the summer months in Montreal. Miss Wells, M. G. H. Class '05, private nurse of New York, is visiting relatives in Montreal.

Dr. E. S. Harding, secretary of the Royal Edward Institute, Montreal, urges the need of a hospital, in the suburbs, for patients with incipient tuberculosis. The clinics are rendered fruitless by no follow-up cure being available.

The Nurses' Home of the old Toronto General Hospital is being equipped for a Measles Hospital.

The Annual meeting of the Graduate Nurses' Association of Sarnia, Ont., was held on October 2nd, 1913.

The election of officers resulted as follows: President, Miss Douglas; vice-president, Miss Nesbit; secretary, Miss Parry; Representative to Women's Local Council, Miss Nesbit.

Program Committee, Misses Dulmage, Kennedy and Pollard.

Refreshment Committee, Misses Fesant and Darville. The meetings are held the first Monday of each month.

At the December meeting of Victoria Hospital Alumnae Association, London, Ont., Dr. Fidler, of the Hygienic Institute, addressed

the nurses on "Medical Asepsis." He showed the possibility of handling mixed medical contagious cases in the ward without much danger of cross-infection, provided the proper mechanical means are used.

Dr. Fidler was given a hearty vote of thanks for his interesting lecture, which was much enjoyed by those present.

On Tuesday, November 18th, 1913, Miss Mary Ard McKenzie addressed a meeting of the graduate nurses of Moose Jaw, Sask., in the Nurses' Residence of the Moose Jaw General Hospital, on Registration. The address was listened to with great interest by those present.

After the meeting refreshments were served by the Lady Superintendent and Staff of the General Hospital.

On Monday evening, November 24th, 1913, Miss Mary Ard McKenzie gave a most illuminating address on Registration to the graduate nurses in Regina.

After explaining what Registration means, she enumerated the reasons why it should come into force. She answered in a most striking way the popular arguments against it. She then outlined briefly what has been accomplished in other parts of the world, and more particularly what is being done in the various provinces of Canada.

The address was stimulating in the extreme, and all the members present decided to start to work in earnest to secure Registration in Saskatchewan.

Collingwood.—The District Medical Association was held at the General and Marine Hospital, where a banquet was afterwards given the doctors in the nurses' dining-room—the nurses in uniform waited on table.

This month has been a very busy one with the graduate nurses, so the Alumnae meeting was postponed till later in the month.

On Friday, October 17th, 1913, in the lecture hall of the hospital, a reception in honor of His Lordship Bishop Brunet, of Mount Laurier, was tendered him by the members of the members of the Alumnae Association and nurses-in-training of the Ottawa General Hospital.

The hall was prettily decorated, and a large number of the nurses were present to offer congratulations to their beloved ex-chaplain, on the occasion of his appointment to the important office of Bishop of the Catholic Church. An address accompanied the gift of a set of beautiful vestments.

After a vocal solo, his lordship made a short speech, thanking the nurses, and reviewing his seven years of spiritual ministry to them. Two pleasing musical numbers ended the program. Dainty refreshments were served and a social hour spent.

Rev. Sister Mary Alice, Superintendent of the General Hospital, Ogdensburg, N.Y., was a guest at the Ottawa General Hospital during a short visit to the Capital.

The many friends of Rev. Sister Isiah, Night Superintendent of the Ottawa General Hospital, will be sorry to hear of her serious illness.

Miss K. Deegan and Miss B. Power, Graduates of the Ottawa General Hospital, expect to return to Ottawa shortly, after a four months' visit to Ireland and the continent.

Miss A. Turcotte, Graduate of the Ottawa General Hospital, has returned to Ottawa after a six months' visit in western Ontario.

Miss K. Costigan, Graduate O. G. H., has left for Victoria, B.C., to do private nursing.

Miss G. Bliss, Graduate O. G. H., has left for Winnipeg to take up private nursing.

A particularly sad death occurred at the Ottawa General Hospital on Saturday, September 13th, when Miss Eglatine Boucier, a Graduate of Class '13, succumbed to an attack of Frontal Sinus Abscess. The young nurse was a general favorite amongst her classmates, head nurses and all of the hospital staff, and was looking forward to a successful career at the completion of her hospital term in October. Sincere sympathy is extended her bereaved father, sister and brother, in their sad loss, as well as to the hospital authorities in the loss of a bright graduate of the school. A requiem service was held for Miss Boucier in the hospital chapel on October 25th, at which a large number of the nurses were present.

The Alumnae Association of Victoria Hospital Training School for Nurses, London, Ont., has arranged the following program for 1913-14: October, Social Service, Miss Forsyth, New York; November, Visiting Nursing, Miss Dyke, Toronto; December, Bacteriology, Institute of Public Health, London; January, Benefit of Alumnae Association to Graduates, Dr. Beal; February, Modern Surgery, Dr. Hadley Williams; March, Practical Demonstrations, Pupil Nurses of Victoria Hospital; April, Private Nursing, Miss I. Wilson, Victoria Hospital Staff; May, Annual Meeting, Election of Officers. Meetings are held the first Tuesday of each month.

The Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service reports the following transfers to stations abroad: Sister M. E. Neville to Egypt, from Hounslow; Sister M. E. Richardson to South Africa, from Tidworth; Miss A. Lee, Staff Nurse, to Malta, from London.

Miss M. Arbuckle, Graduate of Vancouver General Hospital, has accepted the position of Admitting Officer in the Hospital of the Good Samaratan, Los Angeles, Cal.

Miss Jean D. Bryden, graduate of Toronto Western Hospital, has gone to take charge of the Essex County Tuberculosis Hospital, Union-on-the-Lake, Ont.

The regular monthly meeting of the Victoria Nurses' Club was held Monday, December 1st, 1913, Miss E. H. Jones in the chair. Four new members were received. A short, instructive address on Maternity Nursing was listened to with much interest.

The regular monthly meeting of the Toronto Central Registry Committee was held at 295 Sherbourne St., Monday, December 1st, at 3 p.m., Miss Christine Mitchell, convener in the chair. Nine members were present. The total calls for November were 259, 44 registry and 215 personal. Two were helped from the Central Registry Extension Fund. Seven nurses were married during the month. Total balance is $1,842.99.

Dr. James C. Fyshe, the new superintendent of the Hospitals of Edmonton, Alta., will have under his supervision the Royal Alexandra, Strathcona and Isolation Hospital. Dr. Fyshe is a graduate in arts of Harvard University, and a graduate in medicine of McGill, while he has taken a post-graduate course at McGill in public health, and has the degree of "doctor of public health." He graduated from McGill ten years ago, and, after acting as house surgeon in the Montreal General Hospital for a time, was deputed to make a study of hospitals and infectious diseases. After spending six months at this work he returned to Montreal, where the Alexandra Hospital for Infectious Diseases was erected under his supervision. He superintended the institution for two and a half years, leaving it to take the post of assistant medical officer of health in Bangkok, Siam, a city of 800,000. He held the latter office for four and a half years, returning to Canada about two years ago to take the position of medical superintendent of the Montreal General Hospital.

The new wing of the General Hospital, Duncan, B.C., has been completed. As it is to be used for a maternity department, it is separate from the rest of the hospital and is complete in itself. There are eight wards, all of which are comfortably and tastefully furnished, some of them by private people and lodges.

The annual meeting of the Royal Victoria Hospital, Barrie, Ont., was held on October 30th, 1913, when reports showed that the hospital had had a most successful year.

The report of the Training School for Nurses showed that four nurses—Misses Edna E. Ayers, gold medalist; Amy Silverthorne, Ethel Aldous and Mabel Miller, all of whom received first class honors. The

school is at present composed of the Superintendent, Miss N. McLennan, and fourteen pupil nurses.

Hamilton, Ont.: At the annual meeting of the Alumnae Association of Hamilton City Hospital Training School for Nurses, the following officers were elected by ballot for 1914:

President—Miss M. Brennan.
First Vice-President—Miss Laidlaw.
Second Vice-President—Miss J. Elliott.
Recording Secretary—Miss Fenby.
Corresponding Secretary—Miss Bessie Sadler.
Treasurer—Miss A. Carscallen.
"The Canadian Nurse" Representative—Miss Bessie Sadler.
Committee—Misses Waller, Torrey, Armstrong, Storms-Street.

A resolution was drafted to be sent to the municipal authorities to have a Free Dental clinic established in the city. The Hamilton chapter of G.N.A.O. have issued invitations to all the members of the Aluminae to a social evening in the Nurses' Club, Friday, December 12th.

Miss Madden, Superintendent of Nurses, H.C.H., was hostess at an informal tea in the Nurses' Residence, given for the graduates and the doctors of the city. Mrs. Alfred Paget, a bride from South America, received with Miss Madden.

Miss Still has returned to the city to do private nursing.

Chatham, Ont.—The new wing of St. Joseph's Hospital, Chatham, was opened on December 2, 1913, by Rev. F. James. Bishop Fallon was to consecrate the house but illness prevented. Addresses were delivered by Father James, Dr. J. L. Bray, A. B. McCoig, M.P., Dr. Charteris, Dr. Holmes and others.

A large gathering was present and every one was enthusiastic in praise of this new splendidly equipped institution.

EASTERN TOWNSHIPS GRADUATE NURSES' ASSOCIATION.

A well attended and enthusiastic meeting of the Graduate Nurses of Sherbrooke District was held in Sherbrooke, Que., at the Art Hall, November 24th, 1913.

Miss Margaret Mitchell occupied the chair.

In opening, Miss Mitchell spoke of the strong feeling among the Nurses of the need of an Association in Sherbrooke, to become mutually acquainted and helpful, to elevate the standard of the profession, and to work for registration.

Miss Louisa Parker followed with an account of a Graduate

Nurses' Club formed in Montreal, and offered some valuable suggestions.

Miss Orford spoke of the work being done in the other provinces towards registration.

After some discussion it was decided that the name should be "The Eastern Townships Graduate Nurses' Association," and the following officers were elected: President, Miss Orford; first vice-president, Miss Norma Lamb; second vice-president, Miss Margaret Smith; secretary-treasurer, Miss Helen Hetherington.

It was decided to hold the meetings the second Tuesday of each month, for the present using of the Art Hall.

The question of a Nurses' Registry was discussed, and the possibility of having it at the General Hospital mentioned. The matter was left over until the next meeting in order that Miss Lamb, the lady superintendent, might consult her board on the subject.

It is hoped that the Association may be able to arrange for lectures on subjects of interest to nurses, and, if possible, occasionally to bring a demonstrator from the larger hospitals, and thus keep in touch with what is new in the nursing world.

In closing, Miss Orford the President-elect, said that as the primary object of nurses is the care and comfort of the sick, so this Association will be of benefit if it increases our efficiency in relieving pain.

Halifax: Miss Ella Morrison, a graduate of the Victoria General Hospital, who has been a missionary nurse in Jhansi, India, for several years, is now on furlough and is at present upon the staff at the Victoria General Hospital.

Miss Hazel Kirk, V.G.H., has recently received appointment to missionary work in Korea, and is now on her long journey there.

During the recent epidemic of typhoid in the city it became necessary to open an Emergency Hospital. Six nurses have been required there to care for the thirty-five patients.

Misses Frances Rice and M. McDonald, V.G.H., have recently returned from taking a post-graduate course at the Sloane Maternity Hospital, New York.

Miss Anderson is now taking a post-graduate course at the Boston Lying-in, and Miss Mabel Hartley, the V.O.N. post-graduate course at Montreal. Miss Agnes Skeny and Miss Kath. Munro are taking a post-graduate course at Covey Hill Hospital, Brookline, Mass.

Miss N. McInnes, who has been on the staff at the V.G.H. for several months, has retired to resume private nursing.

Miss Nellie Remby is now convalescing from an illness at the Victoria General Hospital.

THE SMILE CURE

The "Smile Cure" is said to put to flight all the harassing worries and minor ills from which human beings suffer. Special smiling exercises are recommended for regular practice every day before a mirror. After a few weeks of this training we are told that there will be a marked change for the better in our lives; our whole outlook will be brighter and more hopeful, and our health and circumstances wonderfully improved.

The kind of smile advocated is the real thing, working from the mind inwardly, until it cannot help revealing itself outwardly. The endeavor to look pleasant will serve as a reminder that our thoughts must be bright anl hopeful too; and so unconsciously we adopt a more cheerful outlook.

This smile is not to be a perpetual simper, but a strong, peaceful, and happy expression which is the result of a plucky attitude towards life's discipline. We are not to allow ourselves to be depressed by cares, difficulties, and troubles, but once and for all we are to banish all that irritates from the mind, and ever look for that brightness that awaits us at every turn.

The persistently hopeful, the new cult maintains, are nearly always successful in every sense of the word. Ralph Waldo Trine, one of the foremost exponents of Thought Power, expresses it in this way: putting into and keeping in operation subtle forces that are continually

"The optimistic, cheerful, hopeful habit of mind is continually changing from the unseen to the seen, from the ideal into the actual, and attracting to us from without conditions of a nature kindred to the type of thought force we set into operation.

"The cheerful, confident, and tranquil in all circumstances are continually growing in these qualities, for the mind grows by and in the direction of that it feeds upon.

"On the other hand, the peevish, gloomy, grumbling, panicky, critical—the small—cast a sort of deadening, unwholesome influence wherever they go. They get, however, what they give, for they inspire and call back to themselves thoughts and feelings of the kind they are sufficiently stupid to allow a dominating influence in their own lives. People ruled by the mood of gloom attract to themselves gloomy people and gloomy conditions."

Do any of us really know what sort of expression we habitually wear? Hardly. For when we peer into the mirror, our thoughts are diverted from their ordinary channel for the moment, in the absorbing occupation of arranging our hair or clothes, and we do not notice whether we are looking bright or the reverse. So we have no idea what face we present to the world.

It is said that in our sleep our souls leave our bodies, and when we

dream of far-away lands we do actually visit them, but so long as the body is alive we must return to it as it awakes once more to consciousness. Now if this be true, it seems a pity that our souls could not make these nightly adventures more helpful to us by letting us have a thoughtful look at ourselves before getting inside our bodies again. Probably it would give us a shock—we should scarcely recognize the miserable, worried-looking individual before us, and certainly we would have to acknowledge that the tired, depressed face was of our own moulding.

So next morning we would start straight away with the "Smile Cure," and then—well, let us try it, and analyse the result for ourselves.

We have been in the habit of associating seriousness with solid sterling worth. Probably the Puritans started the idea, but with them it was necessary as a reproving contrast to the lax ways of the Cavaliers. So the ponderous, stern, lack-humor character has gained for itself an admirable reputation, not always deserved. The laughter-loving light-hearted folk are too often considered shallow and frivolous, and yet their gaiety is not seldom the result of an unselfish desire to make those around them happy, and a determination not to give way to their troubles.

The morose and gloomily serious are suffering from intense selfishness. They envelop themselves in their troubles and carry this self-manufactured atmosphere of depression wherever they go, chilling all whom they meet as effectually as a cold wet mist. They are indeed enjoying themselves in their own peculiar way—grumbling is a form of mild dissipation—the tragedy comes in when others have to listen to it. What a splendid benevolent work for some millionaire—to transport all the forlorn "Mrs. Grummidges" to a lonely desert, there to have a thoroughly good time, with a real grievance on which to hang their intense self-pity!

The adherent of the "Smile Cure" will soon discover that in following it out he gains many good qualities as well. He cultivates a certain complacency which is necessary for real harmony of mind. Of course this does not apply to the arrogantly vain and aggressively confident; they have overstepped the limits of common sense and good breeding, and are not worth considering. But there are many who are so keenly aware of their deficiencies and failings that they are more or less dejected and sad. They encourage a morbid introspection which acts as a blight on the life. To be inwardly pleased with oneself gives a calm, cheerful confidence which makes for happiness and also favorably impresses others. No need to fear that we will remain in blissful ignorance of our faults—the candid relation will take full responsibility for that. What is left for the "Smile Cure"

patient to do is to discover his many good points and genially enjoy them. The conviction that one is not such a bad sort after all is astonishingly exhilarating, and after a time even the over-zealous relation cannot diminish our content.—Nursing Journal of India.

THE TEACHERS' REGISTER

Under the above heading "The British Journal of Nursing," speaking editorially of the forward step made by teachers, says:

"The teachers of this country are to be congratulated that, after a hard struggle, they have at length succeeded in securing their registration under state authority, and last week the Teachers Registration Council met at the College of Preceptors, Bloomsbury Square, W.C., under the chairmanship of Mr. A. H. D. Acland, and defined the regulations qualifying for admission to the Register. The council consists of 44 members representative in equal proportions of university, elementary, secondary and specialist teachers.

The main features of the conditions of admission are the inclusion in one Register, without differentiation of groups, of all teachers who have proved their right to be enrolled as duly qualified members of the teaching profession. Applicants for enrolment must be 25 years of age, and after 1918, a training in teaching, as well as three years' continuous experience, will be demanded as a condition of enrolment.

There is one very noticeable omission in this council which gathers up in a most comprehensive way representatives of all the teaching interests, namely that teachers of nursing are not represented, and we are forced to the conclusion that it is impossible that they should be, because, though in every hospital in the country Matrons and Sisters are engaged in teaching probationers—more or less efficiently—the important principles underlying this art, and of applying those principles skilfully in their daily work, yet they receive no special training, much less are they required to attain a standard of efficiency as teachers. At present, so far as we are aware, the Nursing Board of Queen Alexandra's Imperial Military Nursing Service is the only authority which requires nurses in this country to pass through a special course of training, and to give evidence of their practical ability to teach before recognizing them as competent to do so. Yet the efficiency of nurses when trained and certificated, and, therefore, the safety of the public largely depends on the competence, or otherwise of teachers of nurses.

It is high time to recognize that to hold a certificate of training does not qualify a nurse to undertake the duties of instructing others. The art of teaching is one for which only a limited proportion of

nurses are fitted, and they can only acquire it as the result of special training.

Nothing would do more to raise the standard of nursing education or give greater prestige to a body of women who, in many instances, are giving skilled instruction of great value with quite inadequate recognition, than the registration of their teaching qualifications.

The problem which the Teachers' Registration Council has had to consider in drafting its regulations has been, as the Times points out, to "steer between laxity and severity. To lower the standard of qualification unduly would be to turn the Register into a mere directory, incapable of giving any status of worth to those placed upon it; to set up too high a standard would be to deprive it of the necessary support." Our contemporary further draws attention to "the significance of the movement, not to teachers only, but to the nation at large. It rests now with all teachers to take up the membership which is thus offered to them; if the Register receives the support to which the labors of this representative Council justly entitel it, the way will be clear to the further work of organizing and raising the great profession to which the youth of the nation must necessarily be entrusted." These remarks apply with equal force to the registration of trained nurses and those who instruct them."

MARRIAGES

At St. James' Presbyterian Church, Dauphin, Manitoba, on May 26th, 1913, Miss Nellie McQuarrie, Graduate of Dauphin General Hospital, Class '11, to Rev. James W. McKillop, of Dauphin, Man.

At Forke River, Manitoba, Miss Bertha O. Johnston, Graduate of Dauphin General Hospital, Class '12, to Mr. William D. King, of Dauphin, Man.

At Woodstock, Ont., on November 12, 1913, Miss Ethel L. Ingram, Graduate of the Hospital for Sick Children, Toronto, Class '07, to Mr. J. W. Lang, Vancouver, B.C.

In St. Paul's Church, Montreal, on November 20, 1913, Miss Margaret McGavin, Graduate of Montreal General Hospital, Class 1900, to Mr. F. G. Reid, Montreal.

At the home of Mr. A. McLeod Campbell, Montreal, on November 20th, 1913, Miss Elizabeth Alexander Campbell, Graduate of Montreal General Hospital, Class '09, to Dr. Leonard Lansdowne Derby, of Rockland, Ont.

In Hope Methodist Church, Toronto, on November 20th, 1913, Miss Mary Elizabeth Johnston, Graduate of Toronto Western Hospital, Class '11, to Dr. Joseph V. Follet, of Calgary, Alta.

In the Methodist Church Aurora, Ont., Miss Jennie Elma Smith, Graduate of Toronto General Hospital, Class '07, to Mr. David Scott Johnston, of Ottawa.

On October 15, 1913, at St. Mary's Church, Lindsay, Ont., by Vicar-General Casey, Miss Helen O'Neill, Graduate St. Michael's Hospital, Toronto, Class '10, to Mr. Jas. Donovan, of Toronto.

At Christ Church, Toronto, on November 18, 1913, Miss Irene Mabel Holtorf, Graduate of Toronto General Hospital, Class '10, to Mr. Harvey Anderson Barnett, B.A.Sc.

At 242 Macpherson avenue, Toronto, on November 19, 1913, Miss Jean Russell McTavish, Graduate Toronto General Hospital, Class '06, to Mr. Dougald McCallum, of Elmwood, Ont.

On October 1st, 1913, by the Rev. Father Foley, at Lancaster, Ont., Miss Katherine Gunn, Graduate of the Ottawa General Hospital, Class '09, to Mr. J. Vaughan, of Ottawa.

On Saturday, December 6, 1913, at Ascension Church, Hamilton, Ont., Miss Madeline Hunt, graduate of Hamilton City Hospital, Class '09, to Mr. George O'Brien, Hamilton.

DEATHS

On November 2nd, 1913, at Kamloops, B.C., Miss Charlotte Mackenzie, Graduate of Toronto General Hospital, Class '10, after a long and trying illness of over two years.

On November 17, 1913, at the residence of Mrs. E. M. Burns, Portland, Ore., Miss Isabella Murray, late of the Seattle General Hospital and formerly of Victoria, sister of Mr. J. F. Murray, assistant Post Office Inspector, Vancouver, B.C.

BIRTHS

At Montreal Maternity Hospital, on November 11, 1913, to Mr. and Mrs. J. Glen Harley, a son. Mrs. Harley (nee Falconer) is a Graduate of Montreal General Hospital, Class '10.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES

President, Miss M. Brennan; First Vice-President, Miss Laidlaw; Second Vice-President, Miss J. E. Elliott; Recording Secretary, Miss Fenby; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Ave.; Treasurer, Miss A. Carscallen, 143 James St., South.

Committee—Misses Waller, Torrey, Armstrong, Storms and Street.

"The Canadian Nurse" Representative—Miss Bessie Sadler, 100 Grant Ave.

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Board of Directors—Miss Rowan, Sloane, Warden, McPherson and Irvine.

Conveners of Committees—Devotional, Miss Noble, 286 Avenue Road; Programme, Miss E. Hawley, 260 Huron St., Social, Miss Etta McPherson, 63 Queen's Park; Press and Publication, Miss McKeown, 566 Sherbourne St.

Representatives on Central Registry Committee—M. E. Jewison, 552 Bathurst St.; Miss Irvine, 596 Sherbourne St.

Representative to "The Canadian Nurse"—M. E. Jewison, 552 Bathurst St.

Regular Meeting, second Wednesday of each month, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively; President, Mrs. E. M. Feeny, 39 Grove Ave.; First Vice-President, Miss M. E. Christie; Second Vice-President, Miss Isabel Fergusson; Recording Secretary, Miss Bella Crosby, 41 Rose Ave.; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 Queen's Park; Treasurer, Miss Georgie Henry, 153 Rusholme Road.

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Conveners of Committees—Social and Look-Out, Mrs. Mill Pellatt, 36 Jackes Ave.; Programme, Miss Janet Neilson, 295 Carlton St.; Registration, Miss Bella Crosby, 41 Rose Ave.

Representatives on Central Registry Committee—Miss C. A. Mitchell, Miss Laura Gamble.

Representative "The Canadian Nurse"—Miss Lennox.

Regular Meeting—First Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL TORONTO.

President—Miss O'Connor, Supt. of St. Michael's Hospital; First Vice-President, Mrs. P. W. O'Brien, 126 McCaul St.; Second Vice-President, Mrs. Roach, 86 St. Patrick St. Secretary, Miss Foy, 163 Concord Ave; Treasurer, Miss Christie, 330 Berkeley St.

Board of Directors—Miss Connor, 853 Bathurst St.; Miss McDonald, 423 Sherbourne St.; Miss Hinchey, 853 Bathurst St.

Representative on Central Registry Committee—Miss Christie, 330 Berkeley St.; Miss Crowley, 853 Bathurst St.

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Representative "The Canadian Nurse"—Miss Stubberfield, 1 St. Thomas St.

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Treasurer, Mrs. Canniff, 77 St. Clair Ave. East.

Recording Secretary, Miss M. Hill, 105 Roxboro St. East.

Corresponding Secretary, Miss C. Cameron, 137 Macpherson Ave.

Conveners of Committees—General Business, Miss Ewing, 295 Sherbourne St.; Sick Visiting, Miss I. Gray, 67 Balmoral Ave.; Miss M. E. Herington, 159 Cumberland St.

Press Representative and "The Canadian Nurse" Representative, Miss K. Panton, Hospital for Sick Children; Representatives on Central Registry Committee, Miss M. Gray, Miss L. Teeter.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Day, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St; Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

Conveners of Committees—Sick Visiting, Miss Hallett; Programme, Miss McFadyen.

Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

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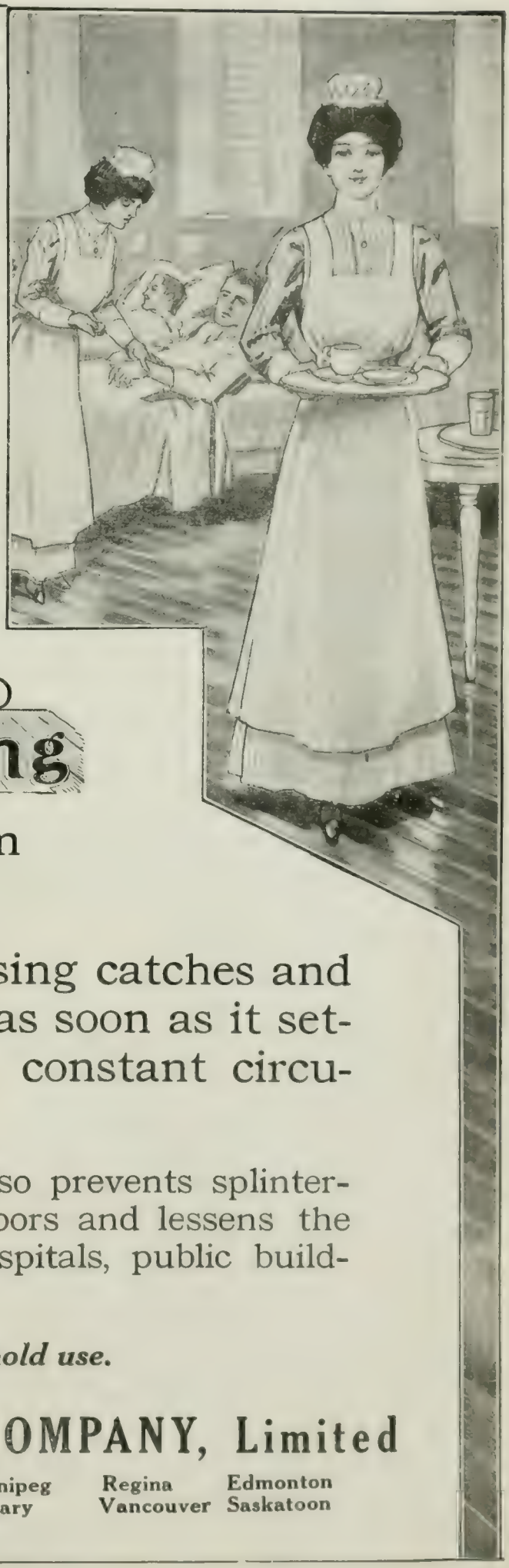

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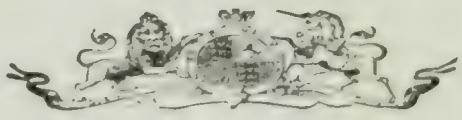

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A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. X] TORONTO, FEBRUARY, 1914. No. 2

THE DUCTLESS GLANDS AND THEIR SECRETIONS*

By Dr. Grant Campbell

The subject that I wish to draw to your attention this evening is a very large one to attempt to explain in so short a time, but it is so fascinating, and as our knowledge of it increases, will do so much to improve our treatment of many conditions, that I feel that no further apology is needed for interesting you in it.

The idea of secretion has from the earliest period of physiology been associated with a gland. The essential of a gland is a surface, more or less involuted, provided with epithelial cells containing granules of the substance to be secreted, but in the typical glands of the body this simple arrangement has become more complicated and the epithelial cells open onto small tubules, which in turn open onto larger ones, until they all empty into one main duct or channel. Such is the structure of a typical gland in the human body—of which the salivary glands with their secretion, the saliva, form a good example.

There are also certain structures which resemble these glands in their general characteristics and in their type of cell, but which have no secreting ducts or tubules and which consequently are known as the Ductless Glands: and it is to what we have recently learned about them that I wish to draw your attention this evening.

For a long time the general nature of these Ductless Glands has been recognized and, as they had no ducts to secrete through, the hypothesis arose that they must pour their secretion directly into the blood stream—a process termed internal secretion.

The term, ductless gland, was originally applied to a much larger group than at present. With our increased knowledge, now the structures usually included are the Thyroid and the Parathyroids, the Suprarenal Capsules, the Pituitary Body and the Thymus.

It is generally held at present that these ductless glands each manufacture and pour directly or indirectly into the blood stream some substance or substances which are of service in the economy either by sup-

*A lecture to the Canadian Nurses' Association Montreal.

plying a need or by destroying other substances which are needless or positively harmful, and that although they may have to some extent the power of replacing one another, all are needful to perfect health.

In other words, the ductless glands act on other tissues at a distance by means of substances termed Hormones which are conveyed to the cells for which they are destined by means of the blood stream. These Hormones have the power of exciting a definite form of chemical activity on the cells they act upon, or, on the other hand, they may inhibit or control this acitivity of these cells. The normal metabolism of the tissues in health is maintained at its proper level by an adequate supply of hormones from all of these glands. We do not know in what form these hormones are conveyed by the blood stream, but we do know that in health the blood stream does transmit them efficiently.

The thyroid gland is probably the one which we know most about. It lies, as you all know, just in front of the trachea and above the sternum, and consists of two lobes joined across the trachea by a narrow band or isthmus. The lobes are divided up into lobules by strands of connective tissue and the lobules themselves are subdivided into small spaces or alveoli into which is secreted a colloid substance. The blood supply of the thyroid gland is very rich. So much we do know, but of its functions we can be less positive, although it is of undoubted importance to metabolism. Our first knowledge of its functions was due to the study of cases in which it was defective or wanting.

Only forty years ago Sir William Gull gave us the first account of Myxoedema under the name of "a cretinoid state supervening in adult life in women," to which four years later the name myxoedema was applied and the condition was soon found to follow artificially after complete removal of the thyroid and parathyroids. The appearance of the patient is very striking.

Usually the victim is a woman, and one is struck by the marked increase in the general bulk of the body, due to a firm inelastic swelling of the skin. The facial expression becomes dull and heavy and all the lines of expression are lost, the mouth becomes enlarged and the lips and nose thickened and the skin of the whole body becomes dry, rough and itchy. There is a striking slowness of thought and of movement, the memory becomes defective and the patient becomes irritable and lethargic. The course of the disease is slow but steadily progressive.

In children a remarkable form, termed Cretinism, occurs, due to malformation of the gland at birth or early loss of function. The child does not grow properly, and is usually mentally defective. The tongue becomes large and hangs out of the mouth: the face appears large and bloated, with puffy eyes. The abdomen is swollen, the legs are thick and short, and the hands and feet are undeveloped and pudgy. The muscles are weak and flabby and the child cannot support himself. The

brain suffers nearly always and the various grades of idiocy and imbecility are found among them.

The contrast where there is oversecretion and enlargement of the thyroid is one of the most striking phenomena known to medical science —Graves' disease or Exophthalmic Goitre is the very antithesis of myxoedema. It is almost too well known to need description : The patient is bright, nervous and very excitable. The skin is moist and flushes easily, while prominent bulging eyes, enlarged thyroid gland, rapid pulse, and rapid emaciation make the diagnosis obvious. This condition also is mostly found among women.

The Suprarenal capsules, or adrenals, are a pair of small ductless glands, one situated like a cap over the upper anterior end of either kidney and each about the size of a pigeon's egg.

They consist of an outer zone or cortex and an inner portion or medulla, and so in this little gland we have two distinct and separate parts with probably distinct functions. The cortex is the greater in amount but by most authorities, the medulla is thought to be the source of the chief internal secretion. The function of these small glands in the body economy is as yet a matter of theory, but it is fairly certain that their presence is necessary to life, and we know that if they become diseased a striking change occurs in the whole organism. The theory most commonly accepted as to their function is briefly as follows: The medulla of the adrenals is continually secreting into the blood an active material, adrenalin, which is beneficial in maintaining the tone of the muscular tissues and particularly that of the vascular system and the absence of this active substance in animals deprived of these glands and in the human subject in which they have both become diseased is the true cause of the symptoms which manifest themselves in these circumstances.

Of one thing we are certain and that is that disease of these organs —usually tubercular—results in a very striking set of symptoms described first by Addison as "Anaemia, general langour or debility, remarkable feebleness of the heart's action, irritability of the stomach and a peculiar change of colour in the skin"—a condition subsequently named "Addison's Disease," and rendered familiar outside the profession by the great author-physician, Oliver Wendell Holmes, in his Poet at the Breakfast Table."

The Pituitary Body is a small gland about the size of a bean, situated at the base of the brain. It consists of two lobes, an anterior and a posterior, connected by the pars intermedia and these two lobes differ in size, in structure, and in function. As with the thyroid, so with the pituitary, there is an increase in size during pregnacy, more especially of the anterior lobe. This anterior lobe has a marked relationship to the generative system for it is found that young animals in which it is

destroyed show no further sexual development and the genital organs remain in an infantile condition; also similar results have been recorded as following disease of this gland in the human subject.

The posterior lobe has an entirely different origin and structure. It is developed from the floor of the brain, whereas the anterior is formed by a puckering in of the epithelium which goes to form the mouth cavity.

Disease of the pituitary gland in the human subject results in a very striking and distinct picture to which the name "Acromegaly" has been applied. The hands and feet become greatly enlarged, giving the former a curious spade-like character. The head increases in volume, but not so much in proportion as the face, which becomes much elongated and enlarged in consequence of the increase in size of the superior and inferior maxillary bones, more especially the latter. The nostrils are large and broad, the eyelids greatly thickened, and the ears enormously hypertrophied, the whole change resulting in the so-called "leonine facies."

A great deal of work has lately been done in studying its function; and extracts from the posterior lobe have been found to cause a marked rise in blood pressure, to constrict the smaller blood vessels, to stimulate the kidneys to increased action and to strengthen and slow the heart-beat as well as to cause marked contraction of the uterine muscle during labor. These results, however, will be dealt with more fully under the uses of these extracts.

The thymus gland, while belonging to this group, is of importance only in the foetal and infantile stages of development—little is really known about it. It lies just below the thyroid gland, under the upper end of the sternum and normally reaches its highest development about the end of the second year and then commences to atrophy. Hypertrophy of the thymus is often found in cases of sudden death, particularly in infants. Of its functions nothing is known and its extirpation leads to no ill-effects in animals.

In addition to these true ductless glands it has long been known that the genital glands exercise a dual function and that their removal not only induces sterility but other remarkable effects including the lack of development of the secondary sexual characteristics. There is undoubtedly a close relationship between the functions of these glands and of the other ductless glands for defect of either pituitary or thyroid glands may result in a similar picture to that due to defect in the true generative organs.

What is the practical result of all these investigations, and to what extent has this increased knowledge aided us in the battle against disease and deformity?

Although the work has but just begun, marked strides in advance

have already taken place, for the results of these observations have led to a logical and rational treatment.

In discussing the treatment of myxoedema and cretinism, Sir William Osler says: "Our art has made no more brilliant advance than in the cure of these disorders due to disturbed function of the thyroid gland. That we can to-day rescue children otherwise doomed to helpless idiocy, that we can restore to life the hopeless victims of myxoedema is a triumph of experimental medicine. The results as a rule are most astounding, unparalleled by anything in the whole range of curative measures. Within six weeks a poor, feeble-minded toad-like caricature of humanity may be restored to mental and bodily health."

One case of each type has lately come under our notice in the outpatient department of the General Hospital.

A woman, Mrs M., aged 60, first came to the clinic in April, 1913, complaining of swelling of the legs, itchiness of the skin and pains in the arms and legs. It was learned that nine years previously she had been a patient in the hospital "with dropsy" and had since been well until the autumn of 1912, when she began to lose interest in things and found her legs swelling again gradually. Soon the skin became dry and itchy and the face swollen. She also began to be very short of breath, gained weight rapidly and became dull and lethargic.

On examination she appeared to be a very large, heavily-built woman. The face was broad, dull and expressionless. The skin was dry but of a fairly good color, and though looking oedematous, it did not pit on pressure as is usual in dropsy. The hair was dry and the voice small and squeaky. The pulse was slow, her weight 181 lbs. and the urine showed no evidence of Bright's Disease.

She was put on thyroid extract and in two weeks there was a most striking change. Her weight had fallen to 162 lbs. She had lost the dull look, and intellectually showed a great change, taking an interest in her condition and smiling when spoken to. The skin also was improved and the itchiness had greatly lessened. Since that date the patient has attended regularly and by keeping her on a reduced dose—indeed, a very small one—her improved state has been more than maintained and the family have shown their confidence in the change by allowing her to attend alone for the past six weeks.

In October, 1913 a woman brought her son, aged 12, to the outpatient clinic on account of his generally backward condition. He was admitted to the children's ward of the hospital, where he is at the present time. He is one of thirteen children, of whom eight are alive: none of the others show any abnormality according to the mother.

The patient, H. D., was a normal infant, to all appearances, till the third year, when he seemed to stop growing and has not since progressed very much. On examination he appears to be a well-nourished boy

with the physique and intelligence of a child of four. His weight (on admission) was 33 lbs. and his height is 37½ inches. His hair is dry, straight and scanty; his skin is dry, while his features are coarse with thick everted lips; no thyroid gland is palpable in the neck; the limbs are short, particularly the humerus and femur, and are markedly bowed. His hands and feet are broad, thick and stubby, and his abdomen is full and pendulus.

Since admission to the children's ward he has been on thyroid gland treatment with considerable improvement. His mental condition is much improved and his speech, which was before very thick and indistinct, is now quite intelligible and intelligent. His weight has increased two pounds and he is much more active, running about the ward all day long.

The treatment of Graves' Disease is not yet satisfactory. What is needed is a lessened amount of the thyroid secretion in the blood stream and so the removal of the gland—or part of it—is often followed by complete recovery. But this requires a very severe and dangerous operation, to stand which these patients are usually in a very poor condition, and if they survive the operation sometimes the removal is followed by the onset of myxoedema, necessitating treatment for years, if not throughout life, with the thyroid extract.

We may, however, hope that before long a brighter prospect may be held out to the victims of this disease for the use of suprarenal extract has in some instances given very striking results, more especially at the hands of some English physicians.

The extract of the suprarenals has been carefully obtained and analyzed and its chemical formula is well known; its use in medicine is the result of its experimental use in animals. We have learned that if given in small doses it causes marked rise in blood pressure and acts as a circulatory stimulant, but if given in excessive doses causes bleeding from the mouth, altered respirations, convulsions and death from paralysis.

Consequently adrenalin is used clinically to raise blood pressure in some cases of thyroidism as already mentioned, to constrict the blood vessels locally, and is also considered useful in certain cases of asthma, whooping cough, heart failure and skin diseases.

But probably the most striking results are as a consequence of the most recently investigated of these ductless glands—the pituitary body—early in the investigations it was noted that this extract had an effect on the muscle tissue of the uterus, stimulating it to contract. Blair Bell, in 1909, was the first to apply in practice the results of the experimental investigations carried out up to that time. He used the extract with good results in cases of post-partum haemorrhage and placenta praevia

and to minimize haemorrhage in caesarian section. Since that date records of its use have multiplied rapidly and mostly have been satisfactory.

When administered to a woman in labor the extract quickly causes an increase in the strength of the uterine contractions, while the duration of contraction becomes prolonged and the intervals between pains shortened. When administered during the first and second stages of labor results are practically constant and are most apparent if the pains have been previously feeble or far apart. As regards its action in the early months of pregnancy in the induction of labor there is some difference of opinion but most authorities consider that it has no action at that time.

It is usually administered intra muscularly and the ordinary dose is about 1 cc or 15 minims. Ordinarily within ten minutes after a single dose a marked effect on the uterine contractions is seen and the maximum effect is obtained in from one half to one and a half hours. Thereafter the effects gradually wear off, but a second dose again stimulates powerful contractions. It is an especially useful drug in the following obstetrical conditions.

(1) To accelerate labor when already in progress.

This is the use it is most commonly put to now, and it has become almost an essential part of the obstetrical outfit. It is most certain in its action well on in the second stage of labor, and its use has almost abolished the necessity for the application of the low forceps. Personally in the last 45 cases I have found it necessary to use forceps only twice, while 16 times pituitrin has been used, 14 times with complete satisfaction and on the other occasions its poor effects are easily explained.

(2) To check post partum haemorrhage it is a very useful drug and if less satisfactory than some of the ergot preparations it seems to sensitize the uterine muscle to ergot and so may be used in conjunction with ergot with great advantage.

(3) In the treatment of placenta previa it has often been used with success and administered during the performance of caesarian section, it is found to cause firm contraction of the uterus and to reduce the amount of haemorrhage.

(4) It is also said to increase the flow of milk in cases where there appears to be a deficiency or a threatening cessation.

(5) It has been noted to act on the bowels and bladder and in post-operative distention or retention of urine a dose of pituitrin often sets up peristalsis and stimulates the bladder so that enemata can be dispensed with and catheterization avoided.

Unfortunately these very desirable results are not always obtained

and a few bad effects are on record. Occasionally, especially in elderly primiparae, the drug appears to have no effect at all; it is to this that I attribute one of the failures in my own experience. In an occasional case it may produce general symptoms: cardiac distress, vertigo, tachycardia and respiratory difficulty. Sometimes it results in a very powerful, very prolonged contraction of the uterus with a resultant marked slowing of the foetal heart, but very seldom is the child in any real danger. Another danger if too strong a contraction is rupture of the uterus, but as this has only once been recorded in many thousands of cases, it is rather a theoretical than practical objection.

This brief survey of some of the results of the recent investigations of the ductless glands and their secretions may serve to indicate how important are their functions. As yet we are only able to recognize with certainty the maladies which are due to well marked changes in the structure and functions of these organs. It is probable that some less definite forms of ill-health may also be due to variations in the activity of one or more glands, the significance of which we shall be better able to appreciate when our knowledge of their functions becomes more exact.

What, however, we must strive for first is to find some satisfactory means by which we can supplement deficient secretion on the one hand and control harmful overactivity on the other; it is not unreasonable to hope that before long it may be possible to adequately supplement suprarenal insufficiency and so relieve the symptoms of Addison's Disease as well as check the abnormal flow of secretion in Graves' Disease and Acromegaly.

Clinical medicine has already gained enormously from results obtained by experimental pathology, and we may look to the future with confidence for still further advances which will continue to place more simple and efficient methods of treatment within our reach.

Authorities:

G. R. Murray, Brit. Med. Jour., July, 26, 1913.
B. P. Watson, Can. Med. Jour., Sept., 1913.
Swale Vincent, The Ductless Glands.

MEDICAL INSPECTION IN RURAL SCHOOLS.

One of the most enlightening papers read at the annual meeting of the Women's Institutes of Ontario, held at Toronto in November, 1913, was that by Mrs. Wilson of Parkhill.

Mrs. Wilson has given much attention to the subject of Medical Inspection in rural schools, and her report on experiences in North Middlesex should awaken attention all over the country.

The following excerpts from her address will prove interesting, while they furnish emphatic proof that Medical Inspection should be no longer neglected.

"As convener of the Committee for Medical School Inspection in North Middlesex, it has fallen to my lot to report what has been accomplished in that district during the last two years. It is not my intention to go into all the details of the work, but simply to point out the outstanding facts which have led to the success of the movement. The question of medical school inspection was introduced by the President of the district during her annual district visiting in the spring of 1912. In June of the same year Dr. Helen MacMurchy of Toronto came to address the District Convention at Ailsa Craig on this subject, with the result that the women were so forcibly impressed with the immediate necessity of school inspection that a resolution was passed in its favor, and the District Executive instructed to communicate with the Departmnet of Education and the Provincial Board of Health as to the best and quickest means by which this work might be carried on. Dr. Struthers, Chief Medical Inspector of Schools, Toronto, addressed a representative meeting of the district at Park Hill. The interest and enthusiasm aroused by this illustrated address, and the immediate appointment of a local committee, consisting of members of the Council, Board of Education, the Local Health Officer and the Women's Institute, promised well for the future success of the work. The physicians and dentists of the town offered their services free if an experienced school nurse could be provided to assist them, as Dr. Struthers explained that the nurse was a most important factor in the inspection, acting as a link between the home and the school. It is the nurse who keeps track of the children needing special attention by reporting each personally to the parents. It is her duty to see that the child is attended to, and the follow-up work by the nurse into the homes is the most important part of the whole system, as we have learned to be true.

The Women's Institutes of Park Hill, Ailsa Craig and Sylvan provided the funds for the nurse, and we were indeed fortunate, through the kindness of Dr. Struthers, in securing an experienced school nurse for ten days. Thus the first medical inspection of rural schools in Ontario was made last spring, and the result of the investigation of the doctors and nurse shows that it is needless to argue that the rural schools do not need inspection as much as the city schools.

A country, a village and a town school were thoroughly inspected, and this is the report :—

Pupils examined in country school, 20; defective, 18.

Out of twenty pupils examined in the country school it was found that eighteen were defective, the nurse making visits to fifteen different homes.

Village school—75 pupils examined, 53 found defective; 34 visits made to homes.

Town school—(1) Public school, 138 pupils examined, 58 defective, (2) Separate school, 45 pupils examined, 25 defective. (3) High school, 77 pupils examined, 38 defective.

Total visits made in town to the homes, 85.

Defects for the most part consisted in enlarged tonsils, adenoids, bad teeth and defective vision, to say nothing of odd cases of defective hearing and other minor defects. In the face of the direct evidence obtained—that over 50 per cent. of the children needed medical attendance—it was no wonder that our Board of Education voted to make the medical inspection a semi-annual affair and promised to aid the work financially.

This report was given at the annual convention in Ailsa Craig last June (just one year after Dr. MacMurchy's address), and a district committee was appointed to carry on this splendid work in that part of the riding, in touch with the different branches of the Women's Institutes, a district fund being guaranteed by the different institutes to secure the nurse, with the understanding that each institute might have their different schools connected with the institute inspector.

From the first inspection it was plainly evident that it would be impossible to carry on this work with the aid of the local physicians alone, for not only were we faced with their inability to spare the proper time, but also that their work would be rendered ineffective owing to the local jealousies which are apt to be rife in most small towns. Therefore our only alternative was to apply to the Government for aid. We asked for the services of our District Health Director, Dr. D. B. Bentley, for ten days to go and inspect the various schools with the nurse, and the Government was good enough to grant him permission to take up this work. Thus we entered upon our second era of medical school inspection, the Government, the Boards of Education and the Women's Institutes co-operating.

The inspection is still in progress in the southern part of the riding. However, I have with me the reports embodying the results obtained from the inspection of fifteen country schools and the town schools of Lucan, Ailsa Craig and Park Hill :—

Country schools—274 children examined, 186 found defective.

Town schools (Ailsa Craig, Lucan, Park Hill)—488 children examined, 254 found defective.

The inspection over such a large area, including both town and country, plainly shows that over 50 per cent. of our school children need medical attention of some kind, and when the complete reports are in it will more forcibly emphasize the results we have already obtained.

The medical inspection of schools is made effective and practical through the services of the school nurse. As an evidence of this it was found in the subsequent visit of the nurse to the home that nearly 60 per cent. of the children found defective during the first medical inspection had received the required attention.

You will understand that among such a large number of pupils there were some who were financially unable to have their children attended to, and in order to help these we had what might be called a school clinic in Park Hill, the funds for which were obtained by the willing contributions of the citizens of the town, the Board of Education, the balance being made up by the moneys paid by the parents of the children who were able to pay. We had a specialist from London, assisted by the local doctors, who gave their services free, the school nurse, and another nurse from a neighboring town, who willingly gave her assistance. Nine of the extreme cases in the town and country were operated upon, the two worst cases being from the country. It would be impossible to go into details as to the work involved in fitting up part of a house, kindly loaned to us for the occasion, but sufficient to say that by hard work on the part of our institute women, and help from the citizens, we had a miniature hospital.

Again we had evidence of the value of the school nurse, who looked after the subsequent treatment of the children, following them into their homes and telling the parents what to do. I might say the children are all back at school again, sound and well, to the great delight of their parents and also of those who suggested and helped in the clinic.

The lesson taught by this report from North Middlesex shows that what has been accomplished there could be gradually extended to the rest of the Province. We already have the machinery at our disposal, consisting of the Provincial Board of Health, with seven directors for Ontario, who have been given power by the Government to include medical and dental inspection with their powers. It now rests with the Women's Institutes throughout the length and breadth of this Province to agitate for the immediate establishment of rural medical schools inspection, and I have much pleasure in moving this resolution.

A resolution was then passed requesting the Department of Education to provide for medical and dental inspection of school children."

MEDICAL INSPECTION IN COUNTRY AND RURAL SCHOOLS.

During the past few months several of the members of the Women's Institute of the North Middlesex County, Ontario, have become very much interested in the work of the Medical Inspection of Schools.

After a very interesting and successfull lecture on this work by Dr.

W. E. Struthers, Toronto, the members of the Women's Institute became greatly interested, and met the Board of Education of this town, asking that Medical Inspection be made in the town schools of that district, and the system and work be established, that the necessity for caring for the children demanded it just as much as in the city schools.

After a short time this matter, not being promptly accepted by the Board, and with the consent of the Board of Education, the Women's Institute undertook to have the inspection made in three of the county schools (including the one Roman Catholic), and two rural schools in the one district.

The ladies of the town who are progressive members of the Institute each canvassed and visited the homes to tell the parents they would have Medical Inspection in the schools within two weeks, and if they wanted to contribute toward part of the expense of same they were privileged to do so. Many in the poorer homes readily contributed their small portion of 5c. or more. The general contribution paid for the nurses' salary and expenses and a large amount for glasses to be provided for the poorer children.

The Medical Inspection was made by the three doctors in the town, each very much interested in the work and giving their time for several mornings while the inspection was being made in the schools. They were assisted by one of the school nurses from Toronto. Rural work to the school nurse was somewhat difficult, after the work in the city where the system is so well organized.

With little opposition for the first time, and a great deal of help from those interested in the new work, the nurse had some encouragement.

Upon very short notice, wooden tongue depressors were made at the lumber mill, printed notification cards were ready to use to start the inspection. These were filled out at the schools and signed by the principal and doctors after a careful examination of each defective child, a record made on each class card and the parents notified of the defects of their child. These homes were visited during the week of the inspection by the visiting school nurse, and the notification cards given to the parents.

During many of the home visits the nurse was received very kindly, thanked for her visit and was assured the child would receive immediate attention.

The Medical Inspection showed many conditions as in our city schools. In the three country schools the average was 50% defective, in the two rural schools 65 and 75%. Among this number was a high percentage with defective vision, enlarged tonsils and several extreme cases of adenoids with marked symptoms (mouth breathers). In spite of

pure country air and better housing conditions the percentage is quite high. This report to the Board of Education of these towns was somewhat of a surprise as they thought these conditions would not be found among the country children.

If the Board does not see fit to continue this work that has been started, the Women's Instiute will have a second inspection made after the summer holidays.

They are working towards placing a permanent school nurse for several of their districts, so that the follow up work may be continued, and the children receive routine instruction and inspection in the school room.

June, 1913.

Sara Brick,
School Nurse, Toronto.

THE INFECTIOUS DISEASES OF 8,903 CHILDREN*

By Dr. H. W. Hill
Director of the Institute of Public Health, London, Ontario.

The method of collecting the data here presented is believed to be comparatively new in its application; and it is believed that it has never been applied so widely before.

The method originated from the observation made in field epidemiological work that the mother of the household was usually well posted on what had happened in her family, and was usually the only one who could give or calculate, the dates of these happenings. Hence it was recognized that the mothers of the race hold, in the mass, the minute personal history of the individuals of the race in greater detail and in better chronological order than any other class; moreover that this is especially true of the diseases their children have suffered.

During an investigation of poliomyelitis extending over several years in Minnesota, the histories of the patients were so collected as to show the infectious diseases each had had. This has been done from time immemorial perhaps; but the figures obtained were tabulated and indicated infection so widespread amongst the children as to be appalling. True we all knew and had laughed over the apparent inevitableness of measles, whooping cough, scarlet fever, etc., amongst children, and we all knew in a general way that sooner or later the whole population suffers from some one or more of these infections.

But these studies, inaugurated in Minnesota as a side issue of the poliomyelitis investigation, gave such definite and irrefragible figures as to make it appear worth while to determine the same facts in the same way in Canada: i.e., through the mothers.

The usual medically-collected statistics on the cases of infectious

*Address to the Canadian Public Health Congress in Regina, Sask., September, 1913.

diseases are vitiated by two well known absolutely established facts—first, physicians do not report all the cases they see: second and far more important, although its importance does not seem to have really been taken in as yet, physicians do not see a very large proportion of the total cases, and therefore, even if the health officer's ideal of every physician reporting every case he sees were realized, our medically-collected statistics would be still very far short of the truth—at least 50 per cent., probably 75 per cent. in error.

Calculating cases from deaths is a good method, provided we know the deaths and the factor to be applied to them. Since we do not know the factor to be applied to them as a rule, it is absolutely worthless We can only find the factor to be applied by dividing the cases by the deaths. We must know the cases in order to divide them—and if we know them there is no object in calculating them.

One of the by-products of this investigation is a complete demonstration that most of our fatality rates—i.e., deaths to cases—are wrong and far too high.

Objections to the method usually take the following forms:

1st. That the mothers do not know the information asked; i.e., what infections, and when, their children have suffered. A very little enquiry amongst any sort of mothers will dispose of this objection at once.

2nd. That the mothers would refuse the information asked. Table No. 1 indicates that the mothers in London, connected with the 23 schools concerned, responded for 74 per cent. of the school enrolment, in over one-half the schools, the returns were 80 p.c. or over of the enrolment; and in only 3 schools did the returns fall below 70 p.c. of the enrolment; while in addition returns were made on nearly half as many more children, over and under school age.

3rd. That the mothers would give frivolous or stupid answers. These returns showed frivolous or stupid answers in about 5 p.c. of the total; in 95 p.c. they were quite evidently straightforward, direct replies, consistent with themselves and with each other.

4th. That with the best will in the world, the mothers' diagnoses would be fallacious. It is quite true that the average mother cannot recognize the infectious diseases with the swiftness and certainty of a trained expert, especially in the early stages of the attack. But this was not the task set the mothers. They were asked to record what their children had, after the attacks had run their full course, generally years after; when opportunity for reflection and comparison with the neighbors' children, had been afforded: and long after the diagnosis had been thrashed out and settled. Remember also that the cases the physician does not see are often recognized by the laity, through comparisons with the cases he does see, as well as by consultation with the more experienced older mothers. Finally, these errors tend to

correct themselves, for in large series of cases the diseases likely to be mistaken for each other are likely to be mistaken 50 p.c. one way, 50 p.c. the other.

Table No. 1

This shows a total of 8,903 children returned, 1,778 under, 5,788 at, and 1,337 over school age (6-14). Of those over school age, 387 were attending the Collegiate Institute, and were of school age so far as the Collegiate Institute was concerned.

These returns represented 23 different schools. Owing to an unfortunate mixing of the cards of two small schools (St. Mary's and St. Martin's), there are only 22 groups, each corresponding with one school, except one, which represents the two "mixed" schools.

These groups are presented in the first three tables to bring out the variations amongst them, as well as to point out the great uniformity also.

The total 8,903 children were practically exactly divided in sex, almost exactly half (4,451) being males, almost exactly half (4,452) being females.

To get a clear view of the children under consideration it is necessary to picture to oneself the 22 groups, each of approximately the same number of each sex; the ages of each group ranging from infants in arms to 21 years or in a few cases 24.

Table No. 2

This table gives the total attacks of each of eight infectious diseases suffered by this particular set of children, tabulated to show the attacks by sex.

The eight diseases tabulated were chickenpox, diphtheria, German measles, mumps, pneumonia, scarlet fever and whooping cough.

It will be noted closely the attacks per child agree in the 21 groups, exclusive of the Collegiate Institute. In the Collegiate Institute the attack rate (irrespective of sex) is 3.43 as against the similar attack rate for the remaining children of 2.28; or about 50 p.c. higher. This depends, as will be conclusively shown later, on the greater average age of the Collegiate Institute children.

Perhaps the most striking point brought out is the higher attack rates shown for females, reaching an average for the total of about 7 per cent.

To which disease if any is the discrepancy attributable.

The Collegiate Institute, as one group of older children, and St. Mary's and St. Martin's, Wortley Road and Rectory as a second group showing all ages, chiefly 8-14, are given below in sex and disease (Table No. 4). It will be seen that so far as these figures go, no very notice-

able emphasis is laid on any one disease, the tendency being for the females to run higher in all. The discrepancy is less marked in the Collegiate Institute however.

Table No. 3

In this table, the total attacks are separated into their component parts. Here again the striking point is the extreme uniformity of the 21 public school groups; and the higher figures of the Collegiate Institute.

It is also worth noting that over one-half of the total attacks of these eight diseases are due to measles and whooping cough; chicken pox and mumps, each contribute about 1-7; scarlet fever 1-14; and the other three about 1-10.

Table No. 5

The extremely widespread distribution, practical universality of these infections is shown by a list of the sick and well at each age for St. Mary's and St. Martin's, Wortley Road, Rectory and Collegiate Institute. It will be seen that after the age of eight there are almost no children reported as free of one or other of the eight infections. There are many other items of valuable information yet to be worked out from these figures as time may permit, but the immediately practical point now available is the demonstration of the enormous numbers of these infections actually occurring day after day, year after year, in excess of any official figures collected or published. This excess may be estimated from the tables already given; but more accurately by calculations from the actual returns showing what the returns would be had we them all. Since not far from one-half of the total children are here recorded, the factors applied are not so large as to be unusually fallacious.—"Tte Standard."

A CASE OF COLITIS.

In a city hospital, a girl, thirteen years of age, suffering from appendicitis, was successfully operated upon. Fowler's position was maintained for three days, and at the end of a week the temperature was normal and the patient progressing favorably.

At the end of two days more she developed a high temperature, nausea, great thirst, and frequent defecation. The attending physician and surgeon diagnosed the case, Colitis. The patient became worse until even water caused nausea and vomiting. For a week the temperature remained between 104 deg. and 105 deg., pudse 120-130.

High rectal salines as cold as could be borne were given t.i.d. Tincture Opii M V was given per rectum as necessary. A teaspoonful of

water every two hours was given by mouth for two or three days, then gradually increased as the patient improved. At the end of three weeks the patient was on moderate diet.

Next back-set—a faecal abscess—developed, which the doctors hoped would heal naturally. At the end of four days, however, the patient looked so anaemic and became so nervous, a second operation was performed, from which the patient rapidly recovered.

One morning at the end of six weeks, the patient had a severe chill, the temperature rising to 105 deg. F., and for another week there was a slight return of Colitis. Gradually all bad symptoms disappeared and at the end of seven weeks the patient returned home and was soon well and strong. A. C.

THE SCHOOL NURSE

The Washington Irving High School in New York City has put into practice a theory long cherished by many communities—making the school house a community centre.

In this case an art gallery has been included in which are shown works of rising young artists, also fine loan exhibits. There is also a lecture room seating one thousand, in which are held Lectures, Concerts, Moving Picture Shows, and an occasional dance under careful chaperonage. There is an employment bureau for pupils graduating and ready for positions. This school has an attendance of nearly seven thousand pupils and a staff of almost three hundred.—*The Outlook.*

Miss E. M. Paul, Superintendent of School Nurses, Toronto, was presented with a gold bracelet at Xmas, as a greeting from her staff.

The Canadian Public School Nurses' Association departed from its routine and held its monthly meeting in the form of a theatre party on the evening of January 5th. Shea's vaudeville was visited and a merry, enjoyable evening spent.

With the passing of Mr. J. E. Starr, Commissioner of Toronto's Juvenile Court, there has gone a personality whose loss will be keenly felt by the members of the Public School Nursing staff. Those of us who were fortunate enough to have met him in his capacity as Commissioner will not forget his attitude of sympathetic co-operation with our aims, in his treatment of such cases as we referred to him. Surely never was the force of law presented to people in such a sane, appealing manner as that in which he impressed on parents their responsibility for the physical well being of their children.

To those who had not needed his professional backing, there was

always the consciousness that he was there, ready to help, if the need arose, and this certainly was a continuous comfort and source of encouragement.

The annual report of the School Nurses of Regina, Sask., shows: Total number of inspections, 4,185; total visits to homes, 968; number of pupils put under dentist's care, 155; number of operations for tonsils and adenoids, 48; number of pupils fitted with glasses, 36; number of dressings, 853.

"Poisons of the kind formed in mouths that have not been kept as free from bacteria as possible, especially where there are numerous decayed teeth and discolored stumps, are particularly dangerous to delicate nervous systems. Such toxins may by themselves be quite strong enough to so affect the nerve tissues that the slow poisoning to which the latter are thus subject ultimately brings about a neurasthenic condition."—*The Nursing of Nervous Patients.*

"The Necessity for the Routine Examination of the Nose and Throat" is the subject of an able paper by Dr. Jane Sproule, Toronto, in the *Canadian Journal of Medicine and Surgery* for January. We will refer only to the last case cited.

"Again, I have made no reference to nose and throat conditions in children. It seemed to me when I began this paper that so much had already been said upon the subject of tonsils and adenoids in children that no physician, in the Province of Ontario at least, could be inattentive or negligent in this matter. But just a few days ago a mother brought to me her little boy of three and one-half years, not of school age, you will notice, and therefore still under the supervision of the family physician. The mother said, "The doctor told me not to have anything done, not until spring anyway, but a friend told me it should be done right away.' The boy was a pathetic little figure with pale face and mouth hanging open, not sick, the mother said, but getting thinner all the time, and at night she had frequently to waken him for fear he would smother or choke. I found huge tonsils meeting in the middle line and a mass of adenoid tissue as large as one tonsil. We can all very readily judge what the ultimate result would have been had this child been exposed to one of the infectious fevers.

"I am convinced that the supervision of our school children and the resultant removal of adenoids and diseased and hypertrophied tonsils will show up in the reports of our Public Health Department in a greatly reduced mortality rate among children of school age, and the physician should stand in the same relation to the children under school age as does this public service to the school child."

TOOTH BRUSH DRILL. FOREST SCHOOL, TORONTO

SPECIAL INSTRUCTION IN USE OF TOOTH BRUSH, FOREST SCHOOL, TORONTO

"CHILD WELFARE"

By Miss Harriet Leet
Superintendent of the Babies Dispensary and Hospital, Cleveland, O.

The eighth annual report of the Michigan State Nurses' Association contains the following paper which will be interesting to all nurses, especially those engaged in public health nursing:

"Whatever may be our political convictions relative to conservation and progressiveness, in connection with child welfare, we certainly all believe in both conservation and progressiveness.

"Five years ago when the Babies' Dispensary of Cleveland was started, we talked much about our prophylactic work, as then it was a new thought in Dispensary work. To-day no one argues about the need of preventive work, we simply discuss best methods of procedure.

"It was of great interest to me to read Florence Nightingale's notes upon health nursing, in which she forcefully expresses thought which we of late years have been considering quite new.

"She says 'Sympathy with interest in the poor so as to help them can only be got by long and close intercourse with each in her own house—not patronizing—"talking down" to them—not "prying about." Sympathy which will grow in sight and love with every visit, which will enable you to show the cottage mother on the spot how to give air to the bedroom, etc.

" 'The very elements of what constitutes good nursing are as little understood for the well as for the sick. The same laws of health, or of nursing, for they are in reality the same, obtain among the well as among the sick. The breaking of them produces only a less violent consequence among the former than among the latter—and this sometimes, not always.' And to me the 'baby work' among the poor holds the greatest opportunities for constructive, helpful nursing of any branch of the great nursing world.

"Again, Miss Nightingale speaks of the high rate of infant mortality in England, and then says, 'Is all of this premature suffering and death necessary? Or did Nature intend mothers to be always accompanied by doctors? Or is it better to learn the pianoforte than to learn the laws which subserve the preservation of offspring?'

"As sick babies in a hospital require many more nurses than the same given number of adults, so in Babies' Dispensary work a larger staff of nurses is needed. On entering the home the nurse has at least a two-fold mission: that of noticing everything about the baby, and that of instructing the mother. Because the work in its big, broad sense is so new, and if taken up conscientiously means a new point of view

and presents problems which have not been placed before nurses in their hospital training, it necessitates supervisors who have been in the baby work a sufficient length of time to grasp its full significance. As all work must be centralized, a Superintendent of Nurses is required, and because this prophylactic work does not come in a nurse's training in a hospital, a larger number of supervisors are needed. Perhaps for every group of twenty nurses there should be two supervisors, aside from special departments.

"A Supervisor of Districts who can go into the homes with the new nurses and aid them in home district instruction, in nursing, wet nursing, feeding, modifications and preparation of foods, cleanliness, bathing, ventilation, sleeping and general hygiene, prenatal instructions to the mother, assisting the mother in planning her work, sympathetic advice to the mother and aid when she is abused, neglected or deserted, and instructing her when she is ignorant and incapable. The supervisor helps nurses to observe and report unsanitary and bad housing conditions. With older nurses, the fact that some other nurse who has had experience is going with them, acts as an inspiration and keeps them from getting in a mechanical routine. I do not speak of a mechanical routine in a critical way at all, I simply mean that each and every one of us need an inspiration from someone not making the same daily rounds which we are.

"It is not so much the care of sick cases as it is the learning of the art of observation, of just plain seeing things, the ability to quickly and tactfully learn all about the baby and family so that a clear, concise report is in the Dispensary for the physician, and most of all, on each visit of the nurse the home is left in better condition. District training and teaching means making sufficient impression upon someone (personally, I believe our whole hope is in the young boys and girls), to make them wish to take better care of the baby and to improve the home.

"A supervisor is necessary for the Dispensary. Were this not insisted upon each branch dispensary would have a little method all its own, and the strength which comes from unity would be lost.

"This supervisor can, by her knowledge of conditions, quickly adjust emergencies. The keeping of records, either milk or dispensary, must be uniform and needs supervision. Aside from this uniform method, each nurse displays her own personality in her instructions to the mother. Each clinic day she has a mothers' class in her dispensary, and while waiting for the physician's examinations she has an opportunity of giving illustrative talks. These talks, illustrated by the babies who are there, are most forceful; they are so informal and the mothers ask questions concerning matters which are problems to them.

(To be continued next issue.)

Editorial

THE RURAL SCHOOLS.

It has been amply and clearly demonstrated in the schools of many of the towns and cities of Canada that Medical Inspection of school children is a good thing, in fact, is necessary to give the child his fullest opportunity to become a capable and successful citizen.

It is obvious that what is a help, even a necessity, for the children of our towns and cities cannot but be equally beneficial to the children of our rural schools. That they should any longer be overlooked would be a blot on the fair name of our educationists.

That Medical Inspection of the children of rural schools is being seriously considered, and to some extent promoted, is evidenced by the report in "The Globe" of December 4, 1913, wherein we learn that Dr. Annie Backus, of Aylmer, Ont., is spending her holiday time in bringing this matter to the attention of the Women's Institutes in the hope that they will help furher the good work.

"In those rural districts that I have visited, sixty per cent. of the children are physically defective," says Dr. Backus. And as it is unlikely that these districts are exceptional, there is need of definite effort without delay.

Boards of Trustees fail to recognize their full debt to the children under their care if they fail to make the child physically fit to receive the education they offer him.

To offer an education to children physically unfit to take it is like offering stones for bread. Every child leaving school poorly developed mentally and physically unfit is a blot on the intelligence of the trustees responsible for that condition.

In our opinion the most important work of child welfare is the conservation of the health of our boys and girls. No community can be really and permanently strong that neglects so important a duty.

The reports which appear in this issue show what has been done by some energetic members of the Women's Institute, and may suggest to others how this very important work may be inaugurated.

May we soon hear that the children of the rural schools of Canada are getting their full chance to grow up into strong, worthy and capable citizens.

SAN FRANCISCO, 1915.

Nurses who are planning to attend the International Congress of Nurses at San Francisco in 1915 will be interested in the following from "The British Journal of Nursing."

"Miss Genevieve Cooke, President American Nurses' Association, writes from San Francisco, that a great hotel, "The Inside Inn," containing 1,800 rooms and equipped with every modern luxury and convenience, will be erected within the Exposition grounds.

The rates to be charged by this hotel will be from $1 to $3 per day. It will be built and managed by private parties as a concession, but the Exposition directors, by the terms of the concession, will have a voice in the fixing of the rates to be charged.

This hotel is San Francisco's guarantee—and the guarantee of the Panama-Pacific directors—that the thousands of guests who will crowd into the city's Exposition will be accorded fair treatment in the matter of hotel accommodation and rates.

Already 186 conventions are booked to meet in San Francisco during the year 1915, and the officials having these conventions in charge are seeking reservations and demanding to know in advance the rates to be charged. The Exposition directors, after three months of negotiations with the hotel managers of San Francisco, have been unable to come to any agreement as to reservations and the rates to be charged by the hotels in the city.

Failing in their efforts to reach an agreement by which they could guarantee reasonable rates to visitors, the Exposition directors decided to take the drastic step already outlined by providing for the erection of a magnificent hotel, which will at least provide accommodation for the delegates to the 186 conventions already booked for the city during the Exposition year."

Una, the Journal of the Royal Victorian Trained Nurses' Association of Australia, is advocating a formal union of the two associations —The Royal Victorian Trained Nurses' Association and The Australasian Trained Nurses' Association—to form a National Association for Australia, which will seek affiliation with the International Council of Nurses at San Francisco in 1915.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

AN ENGLISH GUILD MEETING.

A member of the Montreal Branch sent the following :

Finding myself in St. Leonards-on-Sea the week of the monthly G. S.B. meeting, I arranged to be free that afternoon. The meeting was held in the beautiful Lady Chapel of Christ Church at three o'clock. There were about twenty people present—a number of them, nurses in uniform. The Guild Chaplain himself acted as organist and two choir boys sang with some assistance from the congregation. Immediately after the office the boys left. The intercessions and thanksgivings from the monthly slip were then said, with some collects. This seems to be the usual English custom, and I think it is one we would do well to copy.*

The address followed. This, as the chaplain said at the beginning was more of a meditation than an address; it was on the Blessed Sacrament and was very helpful. Afterwards came the admission of an associate and of a member, both being spoken to by their Christian names as "Do you, Mary, desire to become, etc.?" As we came out of church the secretary had her book open on a table near the door and each person present signed her own name. We had tea in one of the Parish rooms, there were a number of small tables arranged like a tea-room, which made it very cosy and informal. A Queen's nurse was most kind and attentive to me and I thoroughly enjoyed it.

*Note from Secy.—The Montreal Branch has followed this practice for several months.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-President, Mrs. W. S. Tilley, 56 George St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Mrs. MacConnell, 127 Major St., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The regular meeting of the Executive was held on December 29, 1913, with a fairly good attendance. Mrs. Tilley, First Vice-President, was in the chair.

Miss Crosby's letter, saying that she found it impossible to reconsider her resignation, was read, for which we are truly sorry.

A new Chapter has been organized at Cobalt under Miss Griffith, with eleven members.

It was decided to send to Mr. Dunbar, Secretary of the National Sanitarium Association, a copy of this resolution which was passed unanimously: "That this Association protests against the custom of placing women in nurse's costume in stores and other public places to sell their Christmas stamps. This reflects unjustly upon nurses, especially as the report has been received that some of these saleswomen are guilty of unladylike behaviour."

It was decided to hold the Annual Meeting in Toronto again this year. Our grateful thanks to the Peterboro' Chapter for their kind invitation. We hope to be able to go there at some future time.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

Miss Phillips was absent in Toronto where she attended the Executive meeting of the Canadian Society of Superintendents of Training Schools for Nurses. Owing to the water famine in Montreal she could not leave the Hospital for longer than the one day, and so had to postpone her holiday.

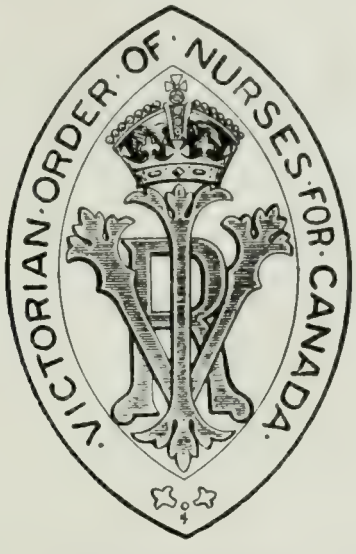
Miss Fraser is out of town for a few days.

Doctor Symonds is to lecture on Dickens to the Association on Wednesday evening, January 21st.

Our lives are songs, God writes the words,
And we set them to music at pleasure.
The song may be glad or sweet or sad,
Just as we choose to fashion the measure.

—*Anon.*

The day returns and brings us the petty round of irritating concerns and duties. Help us to perform them with laughter and kind faces. Help us to play the man; let cheerfulness abound with industry. Give us to go blithely on our business all this day. Bring us to our resting beds weary and content, and undishonored, and grant us in the end the gift of sleep.—*Robert Louis Stevenson.*



Miss Eastwood, District Superintendent of the Toronto branch of the Victorian Order of Nurses, who has been connected with the Order from its inception, has resigned and will take a rest for a year at least. We have heard very many warm words of appreciation of Miss Eastwood's long, faithful and loyal service to the Order, of her cheery disposition and of her kindly but firm and just handling of her nurses. A letter of appreciation, accompanied by a cheque, was sent to Miss Eastwood from the Central Board, and an address and handsome gold watch were presented to her by her Local Board.

Miss Touche has been appointed to succeed Miss Eastwood, and enters on her duties January Fifteenth.

Miss Elizabeth Hall, District Superintendent at Vancouver, has recieved the appointment to the new office of Sub-inspector, whose duties will be to assist the Chief Superintendent in the inspection of the branches of the Order throughout Canada.

Miss Murison is Head Nurse of the Halifax district, and Miss Gleaves is in charge at Dartmouth, N. S.

Miss Jean Scott is on the staff of the Queen Victoria Hospital at Yorkton, Sask.

Miss Lowes has been appointed to succeed Miss FitzGerald as Superintendent of the Lady Minto Hospital at New Liskeard, Ontario. Miss Dewar is the Assistant.

Miss Fraser is the Assistant to the Superintendent of the Victorian Hospital at Kaslo, B. C.

Miss Agnes Russell left December twenty-eighth for Quesnel, B. C., to take charge of the hospital there.

A post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superindents at 206 Spadina Avenue, Toronto; 46 Bishop Street, Montreal; or 1300 Venables Street, Vancouver, B.C.

HOSPITALS AND NURSES.

The Ottawa Graduate Nurses' Association held their annual At Home and Dolls' Fair on the afternoon and evening of Wednesday, December 3rd, 1913, at the Club House, 114 Carling avenue.

The following ladies kindly acted as patronesses: Mrs. A. W. Fleck, Mrs. J. F. Kidd, Mrs. E. F. Fauquier, Mrs. J. L. Chabot, and Mrs. J. A. Machade, and much of the success of the Fair is due to the personal interest of these ladies.

The rooms were prettily decorated with flags, palms and flowers; the tables artistically arranged and presided over by members of the Association dressed in the uniform of the different schools.

The following were in charge of the different tables:

Dolls: Mrs. R. Law, assisted by Misses McElroy, Brankin, Powers, Donnelly and Miss McWilliams; Fancy-work: Mrs. C. T. Ballantyne and Miss Davidson; Home-made candy: Mrs. H. C. Church, Misses Haldane and Stevens. The grab-bag was a source of great amusement, being presided over by Miss Argue, who was assisted by a dainty little girl of seven dressed in nurse's uniform. The tea-table was, of course, the centre of attraction, everyone exchanging greetings over its tea-cups and daintily served viands. Here Mrs. L. E. Harris presided, Mrs. R L. Gardiner poured tea and Mrs. F. Lambert coffe, the assistants were: Misses Stewart, Vance, McConnell and Piggott. Music was provided by a Victrola kindly loaned for the occasion.

The arrangements and decorations left nothing to be desired and the pronounced success, both financially and otherwise of the whole affair was largely due to the personal interest and untiring energy of the Registrar, Miss Snow of the Club-house, and the various convenors. The sum realized about double that of last year, and the Association feel much encouraged and exceedingly grateful to all who so generously contributed to the success of the afternoon.

Miss Emily Holmes-Orr, R.N., who has just recovered from an illness in September and October, left in December for Southern California by the advice of her physicians. Miss Orr is a graduate of the Free Mason's Hospital, Manitoba.

Much sympathy is felt for Miss A. L. Landes of Kamloops, B.C., graduate of the Royal Victoria Hospital, Montreal, '09, in the loss of her father.

The annual meeting of the Graduate Nurses' Association of Berlin and Waterloo, Ont., was held on December 8th, at the Hospital, Mrs. H. M. F. Bowman, Vice-President, in the chair.

In her opening remarks Mrs. Bowman referred very feelingly to

the late President, Mrs. Foster, whose time, energy and enthusiasm had been so freely given to the Association as President, from the time of its inception until her death; and whose last message to the Association had been an appeal to each member to have a more serious purpose in each undertaking, and a stronger sense of personal responsibility.

The annual reports were very gratifying.

The best work of the year has been the furnishing of the Nurses' Ward in the new wing of the Hospital.

Before proceeding with the election of officers a resolution was passed expressing the deep sorrow of the Association at the death of the beloved President, Mrs. Foster, and their keen appreciation of her untiring efforts in their behalf.

The officers elected for the coming year are :—

Honorary Presidents, Mrs. W. J. Zeigler, Stratford, Mrs. Malcolm Craig, Sherbrooke, Que.

President—Mrs. Bilger;

First Vice-President—Mrs. Bowman;

Second Vice-President—Mrs. Ed. Pieper;

Secretary—Miss Masters;

Assistant Secretary—Miss Potter;

Treasurer—Miss Pschellusch;

Assistant Treasurer—Miss Elliott;

Secretary Treasurer for the B.-W. Alumnae Association, Miss Gies, assisted by Miss Roos.

A pleasant little evening was spent at the Berlin and Waterloo Hospital Tuesday evening, December 9th, when the Young Women's Auxiliary of Waterloo met and at their invitation the Berlin Ladies' Auxiliary, for the formal opening of the newly furnished lecture room in the basement of the Nurses' Home. The room is fitted with a long table, and comfortable chairs furnished with a flat surface on the right arm for taking notes. Two blackboards adorn two walls. The furnishing was done by the Young Women's Auxiliary of Waterloo.

After a short business session the formal presentation of the room was made and Mrs. Bowman, on behalf of the institution, accepted it in a nicely worded address. The remainder of the evening was spent in a social way, and tasty refreshments were served.

Miss Laura Breakeof, Graduate of Berlin and Waterloo Hospital, Berlin, Ont., Class '13, has gone to Minneapolis City Hospital to take charge of one of the Medical Wings.

Collingwood: The pupil nurses at the General and Marine Hospital held a very successful baking sale and afternoon tea at the Graduate Nurses' Home on December 18th, 1913. The proceeds, amounting to

forty dollars, are to help furnish the gymnasium in connection with the new Nurses' Residence at the hospital.

Miss Carr spent her Xmas holiday at her home in St. Mary's.

Miss Burkholder went to her home in Toronto.

Miss Shaw spent her holiday with friends in Hamilton.

Miss Rainey and Miss McCulloch were at their homes in Barrie.

Miss McDonald went to her home at Gibraltar.

On December 5th, the Nurses' Alumnae of the Kingston General Hospital had the privilege of catering for the Masons' banquet. Their former success evidently paved the way for one of the largest and most successful banquets held in the district for some time. Although the number was away beyond expectation, the abundance and variety furnished by the nurses met all demands. The sum of one hundred and fifty-three dollars was realized, after all expenses were paid, and both Masons and nurses are looking forward to a repetition next year. The success of the whole affair was due to the capable management of the President, Mrs. Nicol, and the Secretary-Treasurer, Mrs. Campbell.

The Nurses' Alumnae, K.G.H., held its regular monthly meeting Tuesday, January 6th, the President, Mrs. Nicol, in the chair. The attendance was fair, and a great deal of business was discussed. The rules of the registry were criticized, and it was decided to hold a special meeting shortly for the purpose of reorganization.

The Nurses of Toronto regret the resignation of Miss Eastwood, Superintendent of the Victorian Order of Nurses, Toronto Branch. Miss Eastwood has been a valued worker, who has always stood for high professional standards, and doing all in her power to promote the best interests of the profession.

Owing to bereavement, all functions arranged in her honor were cancelled, but expressions of appreciation were not forgotten. Her Board presented her with a beautiful gold bracelet watch and a purse of gold, and her staff, a pearl and amethyst necklace, while the Central Board at Ottawa sent a handsome cheque, accompanied by a letter of appreciation of her years of service.

Miss Eastwood, who will be accompanied by her sister, Mrs. John Caven, has planned to spend a year abroad.

The annual meeting of the Graduate Nurses' Association of Thunder Bay District was held in St. Joseph's Hospital, Port Arthur, in December. The retiring President, Mrs. B. M. Harvey, addressed the members, thanking them for their support during the year and congratulating them on the flourishing condition of the association.

New features inaugurated are the "nurses' taxi-cab service" and the "nurses' register" and the appointment of a school nurse from the

ranks of the members. She hoped they would soon have a permanent home established for the graduate nurses.

The election of officers resulted in the following appointments:

Presidents—Mrs. J. W. Cook;

Vice-Presidents—Miss Patterson of the R. M. and G. hospital and Miss Johnson of the McKellar Hospital.

Secretary-Treasurer—Miss Regan, St. Joseph's Hospital, Port Arthur

Executive Committee—Mrs. B. M. Harvey, Miss Stuart, Miss Sheratt, Miss Bradley, Miss Guery.

Miss Regan was appointed Representative to the Editorial Board of The Canadian Nurse. From henceforth an initiation fee of $1.00 will be charged and an annual fee of $1.00. This will take effect Jan. 1, 1914. Five new members have been added to the list: Mrs. Bishop, Miss Martin, Miss Forbes, Miss Boisvert and Miss Turner.

A new and correct list of graduate nurses will be made out and the telephone manager will be asked to communicate with the secretary of the Association before getting out a new directory. Nurses are requested to register when on and off duty.

Miss Agnes Lowes, a graduate of the Amasa Wood Hospital, St. Thomas, Ontario, has gone to New Liskeard to take charge of the Lady Minto Hospital.

Miss C. C. Fraser, graduate of St. Michael's Hospital, Toronto, who has charge of the operating room of the West End Hospital, Vancouver, B.C., has been visiting in Waubaushene and Toronto for the last couple of months.

Miss M. A. Stiles, R.N., a graduate of the Illinois Training School, Chicago, has accepted the position of housekeeper at the Toronto Hospital for Incurables.

London: The January meeting of Victoria Hospital Alumnae Association was held on the 6th inst. The speaker was Doctor Norman Beal, who gave a very interesting address on the "Benefits to Graduates of Alumnae Associations." In union there is strength. Co-operation accomplishes more than individual effort. In nature instinct teaches the birds to flock together, and the wild animals to band together for mutual protection. In like manner the graduate nurses working individually fail to get the highest benefits from their profession which would be secured by the co-operation afforded by alumnae and kindred associations. The benefits would not only be social and intellectual, but also financial. He urged the nurses to be true to their Alma Mater.

Miss Somerville and Miss Eliott have finished their hospital training, and are private nursing in the city.

Miss Dulmage, Superintendent of Sarnia General Hospital, was a visitor in the city during the holiday season.

Mr. and Mrs. Harry Magee are the proud possessors of a young son, Alexander Watson. Mrs. Magee (nee Pashley) was formerly Assistant Superintendent at Victoria Hospital.

The Bazaar held in November in aid of the Toronto Graduate Nurses' Club House funds realized about two hundred and fifty dollars. Though not as large as last year, the members were glad to see so large a number turn out.

Miss Bowman, of Portage La Prairie, Man., was a guest at the Club House on her way home to Dundas, Ont. Miss Bowman's wedding notice appears on another page.

Miss Kerr, of the Toronto General Hospital staff, stayed a few days at the Club before leaving for Edmonton, Alta., where she intends to remain for some time.

The Toronto General Hospital Alumnae Association gave their annual dance at the Club on January 9th. The graduating class were guests of the Alumnae, and as usual a most enjoyable evening was spent.

The first informal dance was given by the President and Directors of the Club to members and their friends on December 5th. The innovation was a huge success, and everyone is clamoring for another, which we hope soon to have.

Misses Hall and Westley have removed the South Vancouver Private Hospital from corner Main Street and 28th Avenue to 778 Broadway West.

Miss Hall and Miss Westley have only been in Vancouver a couple of years and have built up a splendid clientele. In their new home—"The Willows"—adjoining the General Hospital, they are certain of continued success.

Dr. Tran has opened a private hospital in Kamsack, Manitoba, in which 14 patients can be accommodated. This hospital fills a long-felt want, as patients often had to be taken long distances to a hospital and suffered much as a result.

Grace Hospital Alumnae Association, Toronto: The members extend their heartfelt sympathy to Mrs. Hawkins (nee Mima Jenkins) in Class '08, in her recent bereavement.

Mrs. Orde (nee Miss Sparks), Class 1898, who is ill in Grace Hospital, is improving.

Miss Segsworth entertained our members at her home, 131 Jameson Avenue, in December. Miss Gertrude Hill of "Homewood House" gave an address on her work.

The Nursing Profession, as well as the Medical Profession, sustains a great loss in the death of Dr. S .Weir Mitchell on January 5th, 1914. He was one of the world's famous neurologists, and has written extensively on his work.

He closed an address to a graduating class in an American Hospital with the following lines :

God's ways are dark, and in their gloom we walk,
Not ours to know why Life's grim spectres stalk,
We tread mysterious paths in touch with pain,
Birth, Death, Disease, strange phantoms of the Brain.
Yet through what change the fuller days may bring,
One ancient lesson will be ever new,
One priceless lesson will be ever true,
To give what none can measure, none can weigh,
Simply to go where duty points the way,
To face unquestioning the fevered breath,
The deepening shadows of the vale of Death,
To bear Christ's message in the battle's rage,
The Yellow Plague, the Leper's Island cage,
And with our noblest "Well to understand,"
The poor man's call as only God's command.
Aye, under every century's changing sky
Shall the Great Master's triple signal fly —
Faith, Honor, Duty—Duty calmly done,
That shouts no self praise over victory won,
One bugle note your only battle call,
One single watchward—Duty—that is all.

The seventh annual meeting of the Sarnia General Hospital Trust was held in the town hall on Tuesday, October 21, 1913, before a large number of the members of the Trust and citizens of Sarnia.

The graduation of nurses proceeded immediately after the close of the annual meeting.

Rev. Mr. Newsom, pastor of the Central Baptist Church, offered the Invocation.

The report of the Training School for the year ending September 30th, 1913, was read by Miss Dulmage.

The Graduating Class, 1913, are : Gladys Bawden, Janet Kennedy, Margaret Pollard, Edna Walper, Mabel Hoy, Grace O'Neill and Pricilla Hamilton.

The Florence Nightingale pledge was administered by the President, Dr. McLean.

Mayor Dr. Bell presented diplomas and addressed the graduates briefly, expressing pleasure at being called to perform that duty and

speaking words of praise for the graduates. He referred to the splendid work being done by the hospital and by the graduates who went forth well qualified to fulfil their chosen vocation.

Many handsome bouquets of flowers were presented the graduates, showing the high regard in which they are held.

Miss Margaret Mackenzie then presented each graduate with her medal.

Rev. John Morrison addressed the graduates in a forceful address; referred to the advance in the science of medicine and the attending advancement in the profession of nursing.

He drew attention to the fact that the graduation exercises were being held on the 59th anniversary of the sailing of Florence Nightingale and her associate nurses for the field of battle.

Mr. Kenny, chairman of the House Committee, then presented each graduate with a purse of gold.

The musical part of the programme was furnished by an orchestra, a quartette, Miss Lucy Pousette, Mrs. D. W. Rennie, Mr. A. D. Williams and Stanley Williams and a solo by Mrs. W. E. C. Workman.

Moved by Mr. Geddes, seconded by Mayor Dr. Bell, that the hearty thanks of the citizens of Sarnia be tendered to all connected with the Sarnia General Hospital for the grand work and interest taken in the management of the Hospital.

Rev. Mr. Paterson presented to the Trustees and staff the vote of thanks.

The singing of God Save the King, closed the ceremonies.

After the ceremonies were over light refreshments were served by the Ladies' Aid Society and a pleasant social hour was spent.

The evening following the graduation exercises, a very pleasant dinner was given to the "Sweet Girl Graduates" by the Graduate Nurses' Association of Sarnia.

By the kind permission of Miss Dulmage, Lady Superintendent of the General Hospital, the entertainment was given in the Nurses' residence, and the rooms looked very bright and attractive, with the tastefully laid tables, and flowers in profusion everywhere.

The feast was all that could be desired, the unceasing flow of conversation and merriment showing through enjoyment. The toasts were drunk in very good coffee, and responded to by brief speeches.

After leaving the tables, there was another treat in the shape of music, vocal and instrumental; several ladies of the town had been invited to take part, and two of the undergraduates also contributed to the programme.

A gathering such as this should draw the younger, and the more experienced nurses together, and do much to foster mutual esteem and cordiality. The G. N. A. did a very kindly deed in a very generous

style, and have reason to be gratified at the way everything passed off, and the hearty response to their efforts.

The graduating functions of 1913 will long be remembered.

The regular monthly meeting of the Toronto Central Registry Committee was held at the office, 295 Sherbourne street, Monday, January 5th, at 3 p.m. Miss C. Mitchell, Convener, occupied the chair. Nine members were present.

Total number of calls for December, 337, of these 220 were personal and 117 registry, two of which received assistance from the Central Registry extension fund.

Receipts for the month from fees and sale of charts	$117.16
Six months' interest on savings, etc	21.36
Disbursements.	
To Central Registry extension fund	$150.00
To printing and long distance telephone messages	6.35
To rental for use of two rooms	25.00
To Christmas cheer, equally divided among six different charities	30.00
Gratuity	32.00
To registrar and assistant	110.00
Stamps	.25
Total balance	$353.60

THE NURSES' LIBRARY

American Red Cross Text-book on Elementary Hygiene and Home Care of the Sick, by Jane A. Delano, R. N., Chairman of the National Committee, Red Cross Nursing Service; late Superintendent of the Nurse Corps, U.S.A.; of the Training School for Nurses, Bellevue Hospital, New York; and of the Training School for Nurses, Hospital of the University of Pennsylvania, Philadelphia; and Isabel McIsaac, R. N., member of the National Committee, Red Cross Nursing Service; Superintendent of the Nurse Corps, U.S.A.; Late Superintendent Illinois Training School for Nurses, Chicago; author of "Primary Nursing Technique," "Hygiene for Nurses," "Bacteriology for Nurses."

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Knowledge is necessary to a realization of this responsibility, as

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The Thirteenth Annual Report of the Canadian Association for the Prevention of Tuberculosis, with transactions of the Annual Meeting, held at Ottawa, March 12th and 13th, 1913, has been received.

We here have a resume of the work done by this Association in every Province of the Dominion, with the results accomplished. You should read it.

The Sanitary Officers' Handbook of Practical Hygiene, By W. W. O. Beveridge, D.S.O., Lieut.-Col. R. A. M. C., M. B., C. M. Ed. D. P. H. Cambridge; Fellow of the Chemical Society; Analyst to the Army Medical Advisory Board.

C. F. Wanhill, Major and R. A. M. C., M. R. C. S., Eng.; L. R. C. P., Lond; D. P. H. Conjoint Board of England; Late Assistant Professor of Hygiene, Royal Army Medical College. Second Edition.

The Macmillan Company of Canada, Ltd., Toronto.

Health Nurses will find this work valuable. Chapters on "Water," "Sewage," "Ventilation," "Analysis of Foods," "Analysis of Beverages, etc.," "Calculation of Diets," etc., show the scope of the work. Blank leaves for notes are interspersed.

The Nursing of Nervous Patients. By Edwin L. Ash, M.D., Lon. Formerly physician (out-patients) to the Italian Hospital, London; author of "Nerves and the Nervous," "Mental Self-Help," etc.

The Scientific Press, Limited, 28 and 29 Southampton Street, Strand, London, W. C., England. Price 2/6 net.

Nurses to be successful in this branch, require special understanding to enable them to deal wisely with their patients. A clear knowledge of the nervous system is essential. This volume deserves careful perusal by all nurses, for all have to deal with nervousness in some form.

Babies: A Book for Maternity Nurses. By Margaret French, Sister at the General Lying-in Hospital, York Road, Lambeth.

Macmillan & Co., Ltd., St. Martin's Street, London, England.

This little book deals with the care of the normal infant, with a chapter each to the consideration of the Premature Baby, the abnormal baby and baby ailments. The care of the mother is not touched upon.

Massage and Swedish Gymnastics, and Other Exercises, for Masseuses and Nurses. By Thomas D. Luke, M.D., F.R.C.S., Medical Superintendent Peebles Hydro and Kur Hotel; sometime lecturer at the Ed-

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Diet in Dyspepsia. By Wiliam Tibbles, M.D., L.R.C.P., M.R.C.S., L.S.A., Medical Officer of Health for Melton Mowbray Rural District; author of "Food and Hygiene," "Foods: Their Origin and Composition," "The Theory of Ions," etc.

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"The human body is made up of organs which depend upon the smooth working of each other to establish a harmonious whole." Correct diet is essential to health, as well as essential in treatment of disease.

A Reference Hand-Book for Nurses. By Amanda K. Beck, graduate of the Illinois Training School for Nurses. Third Edition, revised.

W. B. Saunders Company, Philadelphia and London.

This book is brim-full of valuable information in concise form, most convenient for ready reference.

Gould and Pyle's Pocket Cyclopedia of Medicine and Surgery. Second Edition, Revised, enlarged and edited by R. J. E. Scott, M.A., B.C. L., M.D., New York. Formerly attending physician to the Demilt Dispensary, and to the Bellevue Dispensary; author of "The State Board Examination Series"; Editor of "Witthans' Essentials of Chemistry and Toxicology," and "Hughes' Practice of Medicine," etc., etc.

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A neat concise volume of condensed information, valuable to the student and to nurses who wish to keep up-to-date by review.

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Physiology Made Easy. By Lucy Brooks, late Sister at the Victoria Hospital, Hull; trained at the General Infirmary, Leeds. Illustrated. Price 1/6 net.

The Nurse's Duties Before and During Operations. By E. Margaret Fox, Matron of the Prince of Wales' Hospital, Tottenham, London N., England. Price 1/ net.

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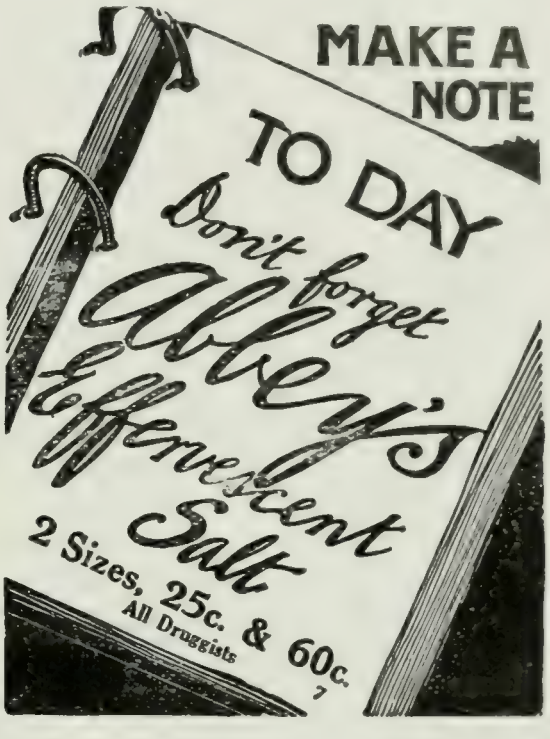

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CORRESPONDENCE

Dear Editor:

I am much impressed with the address published in the January number of your Journal, Nursing as a Profession, by Dr. Richard C. Cabot, delivered before the Junior Class at the Massachusetts General Hospital. May I be permitted to have repeated for the readers of "The Canadian Nurse" extracts which I consider of especial worth?

"We pass through a fire which consumes if it does not purify."

"Our profession cannot remain secular. If it attempts to do so it becomes a trade and a low one."

"We deal with human life, not with human bodies alone."

"There is no uncertainty about our venture. The road may turn either way, to life or to death; in any case it must be full of opportunity that we want—the opportunity for service, for sacrifice, for courage and cheerfulness under strain, for education and experience, and for knitting closer the bonds of friendship with all sorts and conditions of men."

All worthy indeed! But the "Golden Text" of the beautiful address is: "Wherever there is the greatest need of me, there is my home, and paradise can offer no greater blessing." Are we not humbly grateful for the favor that enables us to be a part of the profession to which these thoughts are especially applicable?

I myself purpose using for a maxim throughout the untried future: "Wherever there is the greatest need of me, there is my home, and paradise can offer no greater blessing."

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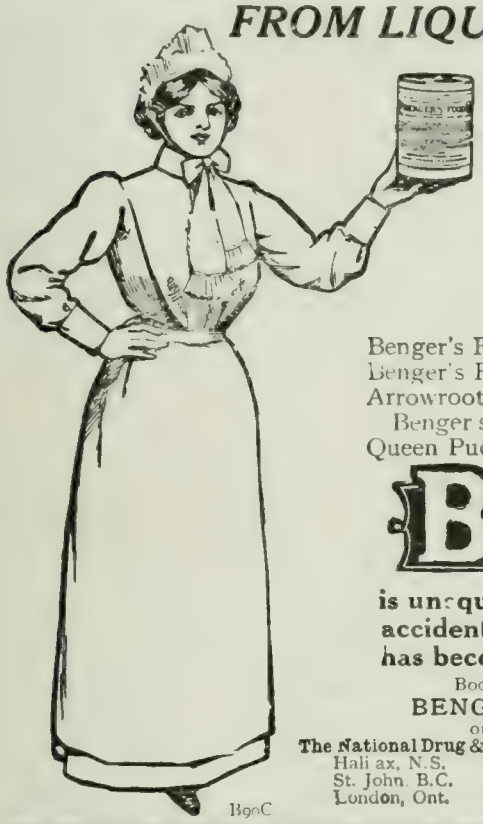

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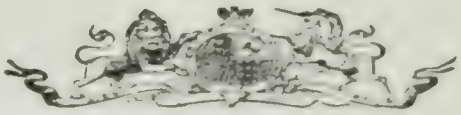

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MARRIAGES.

On December 31, 1913, at St. Stephen's Church, Toronto, Miss Mabel Watt, graduate of St. John's Hospital, Toronto, and P.G. of Woman's Hospital, Detroit, to Mr. Bert Featherstone, of Barker, N.Y.

At Dundas, Ont., on December 27th, 1913, Miss C. M. Bowman, late Superintendent of the General Hospital, Portage la Prairie, Manitoba, to Mr. Charles Stanley Bridgman, of Aylmer, Ont.

Mrs. Bridgman's many friends among the Hamilton Nurses wish her every happiness.

At Gorham, N.H., on January 5, 1914, Miss Mary V. Hopkins, graduate of St. Michael's Hospital, Toronto, Class '09, to Mr. Leonard Alfred MacDonald.

In Waterloo, Ont., on January 1st, 1914, Miss Arminta Ballard, graduate of the Berlin and Waterloo Hospital, Class '13, to Dr. John Bentley Bemis, of Shakopee, Minn.

On January 3rd, 1914, at Parkdale Presbyterian Church, Toronto, Miss Ethel Chamberlain Freeland, Graduate of the Hospital for Sick Children, Toronto, to Mr. Stanley Adams. Mr. and Mrs. Adams will reside at 532 Palmerston Boulevard, Toronto.

On November 9, 1913, at Vancouver, B.C., Miss Helen May Davy, Graduate of Watertown City Hospital, N.Y., to Mr. William Oliver Shakespeare Greener, of London, England.

PUBLISHERS' DEPARTMENT

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is now-a-days almost a necessity for an up-to-date trained nurse. The modern hospital training school has added to its general courses of instruction some lessons in Massage, feeling the need in the treatment of diseases, to give their graduates a higher standard of efficiency. Scientific Massage is probably one of the oldest of all means used for the relief of bodily infirmities. It is evident that its use was employed as early as 3,000 years ago. Why not look into the possibilities in this field and broaden your sphere of activity? It will mean less exhaustive work, whether it be in a hospital in charge of a mechanical department, or in private practice under the direction of the medical profession. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green Street, Philadelphia, Pa., offers practical and theoretical instruction in the only recognized system of Massage (Ling), Electro- and Hydro-Therapy, in all its forms, remedial and corrective gymnastics, a thorough course in Physiology, Anatomy and Pathology. Graduates are assisted into first class positions upon completion of the course. The illustrated prospectus will bring all information to you for a postal card.

ALUMNAE NEWS

The Alumnae Association of the School of Medical Gymnastics and Massage has this year arranged for an exceptionally interesting course of lectures. Many invitations are sent to Physicians, Nurses and others. Proceedings for incorporation are taking place and the leaders expect that registration for masseurs and masseuses will soon follow. All interested should assist, in order that the profession of Medical Gymnastics and Massage may be as highly honored as the profession of the trained nurse. This Alumnae Association counts many nurses among its members. Those interested can obtain further information by addressing the secretary at School of Medical Gymnastics and Massage, 61 East 86th Street, New York, N. Y.

SATISFACTORY UNIFORMS

A nurse, graduated from a Brooklyn hospital, writes as follows:

"I want to tell you that I have worn your 'DIX-MAKE' 666 uniforms for some time, and have always been complimented by my patients for my neat and immaculate appearance.

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. X. TORONTO, MARCH, 1914. No. 3

AN ADDRESS*

By Dr. R. A. Bowie

I have been asked to address this class of graduate nurses to-day, on behalf of the medical staff of this hospital, and my apology for so doing must be, the pleasure I feel in being afforded the privilege of speaking to such a promising class on such a momentous occasion.

I wish most heartily to congratulate you on the success which has crowned your efforts of the past three years.

It has been a long and trying period, punctuated by misgivings and discouragements, hedged about by little failures, modest triumphs and occasional reprimands, bristling with memories of tired feet and heavy eyelids, but withal, this happy culmination is ample recompense.

I feel like a phonograph, which again and again repeats the same measure, but if I can to-day help you to face your work intelligently and in the right spirit, I do not mind being a phonograph. Now my difficulty is to know what to say.

The phenomenal strides in every branch of scientific surgical nursing has tended to overload it with detail. To winnow the chaff from the wheat and to prepare it in an easily digested state for tender stomaches taxes the resources of the most capable phonograph. It is well and comforting to remember that education is a life-long process, the main point in which is to get a relish of knowledge, the clear, keen joyance in work with which langor disappear and all shadows of annoyance flee away.

Here in the hospital, we teachers perhaps have tried to teach too much, and you have tried to learn too much. We can only instil principles, put you in the right path, give you methods, and teach you how to early discern between essentials and non-essentials. You now begin the serious work of life. The profession into which you enter to-day guarantees to each and every one of you, a happy contented and useful life. I do not know of any other, of which this can be said with greater assurance.

Many of you have been influenced by the example and friendship of your superiors, you are leaving them now and I give you one piece

*Address to Graduating Class of St. Vincent De Paul Hospital, Brockville, January, 1914.

of advice : "Take no thought for the morrow." Live neither in the past nor in the future, but let each day's work absorb your entire energies and satisfy your widest ambitions.

Carlyle says :—"Our duty is not to see what lies dimly at a distance, but to do what lies clearly at hand." Let the day's work suffice, live for it regardless of what the future has in store, believing that to-morrow should take thought for the things of itself. The absorption of the duty of the hour is in itself the best guarantee of ultimate success.

The secret of life as I have seen the game played, the great equalizer in the world, that which will make the stupid woman among you bright, and the brilliant woman steady, is **work**—Do good work for the profession and for the public; you, who carry with you to all parts of the country, good methods, will extend enormously the work of the Hospital.

You make of your Hospital a college in which as clinical nurses you slowly learn for yourselves under skilled direction, the phenomena of disease. As nursing is not a business, but an art, the education of the heart, the moral side, must keep pace with the education of the head, the latter will make you a nurse, the former a truly good woman.

There are few occupations of a more satisfying character than the practice of nursing. You must bring to it the philosophy of honest work, that philosophy which insists that you are here not to get all you can out of the life about you, but to see how much you can add to it.

How can you take the greatest possible advantage of your capacities with the least possible strain—by cultivating system, I say cultivating advisedly since some of you will find the acquisition of systematic habits very hard.

There are minds congenitally systematic, others have a life long fight against an inherited tendency to diffuseness and carelessness in work.

I have heard it remarked that order is the badge of an ordinary mind. So it may be, but as nurses, we have to be thankful to get into that useful class.

"A place for everything and everything in its place," is nowhere more necessary than in the hospital ward or the sick room. Great indeed must be the emergency, which will excuse putting anything where it does not belong. Failure to find important instruments in place and in order may cost a life. Let each hour of the day have its allotted duty, and cultivate that power of concentration which grows with its exercise, so that the attention never flags or wavers, but settles with a bull-dog tenacity on your work before you; no matter how trifling the matter on hand, do it with the feeling that it demands the best

that is in you, and when done, look it over with a critical eye, not sparing a strict judgment of yourself.

In these strenuous days, when the struggle for existence is so frequently misinterpreted for a struggle for pecuniary gain; may I sound a note of warning—Keep free, do not sell you birthright for a mess of pottage by joining clubs and unions whose goal is gold, not glory.

Your profession can never preserve the enobling ideals upon which it was founded if commercialism is allowed to become a dominant factor. Guard yourselves carefully against this insidious enemy, which may threaten to undermine your art; remembering with Stevenson, that generosity you will have, such as is possible to those who practice an art, never to those who drive a trade.

The nurse needs culture as well as system. In no profession does culture count for so much as in nursing. Working among all sorts and conditions of people, many of whom are influenced more by your culture which they can appreciate than by your learning of which they have no measure. Among the higher classes, the reassurance and sympathy of a cultivated gentlewoman may mean much more than the giving of medicine and baths, and we all know that the poor have a pretty keen appreciation of a gentlewoman.

Learn, too, to accept in silence the minor aggravations, cultivate the gift of taciturnity and consume your own smoke with an extra draught of hard work so that those about you may not be annoyed with the dust and soot of your complaints. Fully one-third of the work you do will be entered on another chart than yours. Courage and cheerfulness will not only carry you over the rough places of life, but will enable you to bring comfort to the suffering.

You belong to the great army of quiet workers—physicians and priests, sisters and nurses, all over the world to whom is given the ministry of consolation in sorrow, need and sickness. To you the silent workers of the ranks, in villages and country districts, in the slums of our large cities, perhaps in mining camps and factory towns; in the homes of the rich and the hovels of the poor, to you is given the harder task of illustrating with your lives the standards of **Learning** and **Wisdom and Humanity.**

Of Learning that you may apply in your calling the best that is known in the Art of Nursing, and that in the increase in your Wisdom skilled help may come to you in the hour of need.

Of a **humanity** that will show in your daily life, tenderness and consideration to the weak, infinite pity to the suffering, and broad charity to all.

May this day be to each of you the beginning of a happy life, in a happy calling.

NURSING IN THE HOSPITAL FOR INSANE*

By Lena A. Davis

It is a great pleasure to me to be allowed the privilege of reading this paper to you, concerning my work among the mentally afflicted.

Outside the Hospital for the Insane, the common impression seems to be that when a man or woman has once been admitted to that institution, he or she must abandon all hope. Most people believe that the patients are brought there, handcuffed and tied, and that they are placed in dungeons or strong rooms for safety. This is so far from the truth in the institution, that it is hard to realize that people can know so little about so prevalent an illness.

I think there are more cases of mental illness occurring in Toronto than of typhoid, and yet, even the physicians and nurses of Toronto have not made themselves acquainted with the care and treatment of these cases.

Naturally, there are several forms of mental illness, and this afternoon I will speak more particularly of the women, with whom I come more in contact.

We have a great many old women come to the institution who, because of hard work and worry, become unable to take care of themselves. They become fussy and restless, they do not sleep at nights, they wander about, their memory is bad, they are physically weak, they get lost, and have to be kept somewhere, that someone may have the oversight of them. These patients are not dangerous and not particularly noisy, but they are very hard cases to nurse. They require a great deal of attention, and we think often, that it is attention that should be given them at home. We cannot see reasons why, because a woman is old and infirm, she should be handed over to a Government Hospital to be taken care of. Many nurses refuse to take care of these cases at home, because they are restless, and because they complain. All that this class of patient requires is kindness, patience and tact. They must be kept warm and very comfortably clothed. The nurse must attend to this, because the patient's memory is so bad, that she cannot. They must be fed often with light diet. To me it is a pleasure to feel that I have the opportunity to take care of many of these old women, who have been useful citizens, who have given their whole lives to taking care of other people, who have worked and slaved that their children might have advantages and who have now broken down.

Another class of patient that comes very frequently to our door is a woman who has a family of small children, who is ambitious and proud, and who has worked early and late trying to make clothes and provide a home for her little ones. She has no time for amusement, she cannot read, she cannot go to the theatres, she cannot take part in social

*Read at February meeting of Toronto Western Hospital Alumnae Association.

affairs, she gets up early in the morning and works until late at night. She begins to fail in weight, she becomes anaemic, her bowels become constipated, she feels tired all the time, she becomes restless, she has no energy to go on with her work, she becomes sleepless and despondent. She cannot see any ray of sunlight; looking into the future she cannot see anything but work and worry. About this time she begins to lose her sleep, to become restless, she walks about the house at night. All of this is an additional strain on her frail and delicate system. These cases come to the hospital and are called Exhaustion Cases.

By the time they reach us they are wildly delirious, mark you, I do not say insane, I say delirious, with the same kind of delirium that a typhoid or pneumonia patient has. The lips are covered with sores, the tongue coated, the body wasted, the complexion bad, and the eyes wild, frightened and staring. They are picking at their clothes and possibly tearing them. Frightened and resless, they will not stay in bed. Their pulse will be running from 100 to 140. Their temperature is about 100 or 101 degrees. These are the patients, all ignorant and coarse people say, "Oh, she is crazy!" whereas, the patient, if she is crazy, should be proud of it, because she has worked and given every bit of herself for someone else. Some of these patients die, but the great majority, with careful nursing, make quick recovery. All that they require is rest, plenty of nourishment, fresh air, kindness, and a few words of encouragement. Carrying a nice tray down to the side of the bed, and fixing up a nice bed, is not nursing one of these patients. The nurse must deliberately plan to win the confidence of that patient. She must sit by her and soothe and coax her into a better state of health. Nourishment must be given to her every hour or two in small quantities. Stimulants must be given, excretions must be looked after, in short she must be nursed in the same way that a new-born baby is nursed. Sometimes when these women come to us it is necessary to feed with a tube for two or three days, because they must immediately begin to get nourishment. If the first two or three days' treatment is what it should be, the patient always recovers and goes back to her home to take up her duties again. The difficult part is to arrange the home life and surroundings, so that she will not again have to work herself to death and exhaust her vitality and return to us for health.

Is there any stigma, I ask you, attached to such an illness as this? We have several of these cases in the acute stage at the present time in our hospital. These cases you will see require special nurses, even one for day duty and one for night duty. We hear every day of general hospitals wanting to send patients to our institution, because they need special attention, whereas we feel that if we cannot give special attention to our patients, we are not doing the best that should be done.

Then again, we have another class of patients, who, because of de-

fective heredity or uncongenial surroundings, or some other reason which we do not know, have developed a mental condition that renders them liable to all sorts of peculiar ideas. They become suspicious and imagine they have enemies. They imagine that people are not treating them properly, that their friends are plotting against them. They watch all the time to see if they cannot find some ground for these ideas. These patients are very sensitive, their feelings are easily hurt and they think constantly of these. Because of their delusions of persecution and their fears that they may be poisoned or injured in some way, and their ideas that people are talking about them, they form the habit of living much to themselves. They become cross and irritable, and this sort of life will, in a short time, break down their physical health. It only accentuates their delusions, and they become perfectly confident that something is being done to them.

When these patients are brought to the hospital, they are certain that their friends have been plotting this and hold this up as evidence of their persecutions. They say, "Why are people all against me? Why do they put me in the asylum?" They say, "If they give me a fair chance I can work." You will readily see how difficult it is to gain this patient's confidence. She requires a world of attention. She requires a great deal of humoring and a great deal of coaxing. She will get angry with her nurse and abuse her nurse, but the nurse must go right on trying, she must study her patient and find out what irritates her. She must always be pleasant and cheerful, but the unfortunate part of it is, that when we teach these patients to live pleasantly at our place and teach them that everyone in the institution is their friend and that everyone is working for their interest, we cannot arrange the home life and surroundings so as to continue the good work. We have scores of women, who live pleasantly and cheerfully with us, but who, when they go back to their home surroundings, are constantly exposed to petty annoyances and sneers and rude treatment, that re-light the fires of delusions. The question will arise, should these women go back to their home when they are well, to be again annoyed into a condition of ill-health, or should they stay with us where they are happy and where they are surrounded with friends who understand them.

I think you will say that in our work, each case must be treated on its merits. No two cases can be treated the same. Each case must be studied and the mental condition analyzed. The cause for this mental condition must be understood and removed.

A nurse may be a good nurse for a case of typhoid and give her patient excellent care, without becoming much interested in the personality of her patient, but in order to be a good nurse for a mental illness, the nurse must enter into all the mental griefs and worries of that patient. That patient's personal affairs and personal troubles

must be the nurse's personal affairs and personal troubles. She must feel that she suffers for them and with them. The patient must know that the nurse is giving her life's best effort. You may think this sounds exaggerated, but to me it is not so.

We have scores of cases where the patient in a moment of anger or delirium strikes or scratches the nurse and the nurse's only response would be, "Oh! you poor thing." One of our male patients who had been in the care of one of our oldest employees struck this old man, and cut his lip badly. When the doctor wanted to remove this patient to another ward, the employee came down to the office and said, "I had Willie for a long time and I understand him better than anybody else can." He said, "If Willie goes to that ward, his bad spells will come on twice as often and they won't understand him and he won't do so well."

Another department that I wish to mention for a moment, although I do not come so closely in contact with it, is the male admission ward. This ward receives every male patient that comes in, whether from the hospital, the home or the gaol. Every patient comes to this ward and is put to bed and nursed there until it is decided that he is not an acute case, and most of the patients remain there about two months. This ward is managed by female nurses. You may think it strange, but no male patient has in any way conducted himself in such a way as to hurt the feelings of the nurse. I wanted to mention this to prove to you that our patients are not the dangerous people that they are represented. Our patients are human beings and have all the hopes, ambitions, desires and faults that human beings have. We get some people who are only unpleasant, because our patients are human beings. We get more, who naturally try to be courteous and kind. It is a peculiarity of human nature that one person will try to act towards another in that way that he is being treated by the first one; and we find that our patients, if treated in a gentle manner by a female nurse never fail to respond. We have had men sent here from Toronto gaol with the reputation of being dangerous and violent men, who could not be managed by the police or authorities at the gaol. They are at once turned over to our nurses and at once they begin to live up to it, showing that their mental illness does not make any change in their dispositions and character.

If I can this afternoon make you understand that our patients are the same human beings and the same people that you and I are, and that your patients are, and if I can make you understand that our nurses are doing noble work, I will feel amply repaid.

Many of our nurses come to us when young girls. They make their home at the institution, they get acquainted and wrap themselves up in the work, they spend their life doing that work. We have some

who have been with us for thirty years. Some of these women are very superior women personally, and they have become interested in this work. They always have the idea that they are going to go at something else, but all the time they are too much interested in what they are doing to look for something else. Naturally we have many girls who come to us, stay but a short time and go away again. Many of them are good girls, but are unsuitable for this work. They are not willing to make the necessary sacrifice. We believe that it is a noble calling for a nurse, and we also believe that the patient who has suffered from a mental illness can go out and do just as good and useful work and be just as good a woman as the patient who has suffered from pneumonia or typhoid. We can see no reason why a stigma should be attached to a person who has once been in our institution.

These are the ideals that we attempt to hold before our patients and our nurses. This is the work that we are doing and are proud to do.

AN ACT TO INCORPORATE THE GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA

(Passed the 22nd day of April, A. D., 1910.)

Section.
1. Incorporation.
2. Objects.
3. Officers.
4. Constitution and by-laws.
5. Real estate.
6. Power to sell or mortgage and collect dues, etc.
7. Assessment of members.
8. By-laws to be approved.

Be it enacted by the Governor, Council, and Assembly, as follows:

1. Frances Forrest, Violet Kirk, Alice Deacon, Kate Graham, Marion Wrayton, Lilian Ross and Eveline Pemberton, and such other persons as may become associated with them are hereby constituted a body corporate under the name and style of "The Graduate Nurses' Association of Nova Scotia."

2. The objects of the association shall be:

(a) To provide a special organization for graduate nurses, and to do all such other things as from time to time may be necessary to elevate the status and advance the Association of Graduate Nurses of the Province;

(b) To unite the members of the profession into one general body: to provide for the better definition and protection of graduate nurses, and the supply of educated and trained members by a system of examination or otherwise as the Association may deem best, and the issue of certificates:

(c) To promote and foster among the members of the profession a high sense of the importance of professional training, and to promote and protect the mutual interests of the members;

(d) To provide opportunities for intercourse amongst the members, and to give facilities for the reading of papers, the delivery

of lectures and for the acquisition and dissemination by other means of the most improved methods and scientific teaching of nursing:

(e) To assist necessitous members, and to act as trustees of any benevolent fund or funds which may be contributed for any purpose:

(f) To acquire, purchase or lease, to sell or dispose of any building, lecture room or any property, real or personal;

(g) To do all such other lawful things as are incidental or conducive to the above objects.

3. The officers of the Association shall consist of a President, Local Vice-President, Provincial Vice-President, Secretary, Treasurer and Executive Committee, who shall be elected at each annual meeting of the Association in such manner as may be fixed by by-laws. There shall also be an Executive Committee which shall be composed of the officers of the Institute and such members as the constitution may determine, who shall be elected at each annual meeting of the Association.

4. The Association shall have power from time to time to adopt a constitution and frame such regulations and by-laws as the Association may deem necessary for the efficient management of the Association, including the following among other necessary powers dealing with:

(a) The powers and duties of officers of the Association and of the Executive Committee and the qualifications of the said officers, and the method of their election;

(b) The admission of nurses as members of the Association and matters relating to the discipline of members, including the power for cause to strike off the name of any member off the roll;

(c) The appointment of examiners to conduct examinations for membership, the standard to be attained thereat, and of all matters relating to the conduct of such examinations.

5. The Association may acquire, purchase or lease, have, hold and dispose of any real estate or building to be used as a home, institute or lecture room to the value of ten thousand dollars ($10,000.00) and may sell, mortgage or otherwise dispose of the same as it may seem fit.

6. The Association shall have power to buy, sell and mortgage land, and to sue for and collect all fees, subscriptions, dues, assessments and all moneys that may become due to the Association.

7. The Association is hereby empowered to assess itself for any extraordinary expense at any meeting called for the purpose by two-thirds of the votes of the members present at such meeting.

8. The constitution and the regulations or by-laws of the Association, and every repeal, amendment or re-enactment of the same, shall be subject to the approval of the Governor-in-Council, and when approved shall have the force of law.

GLEANINGS.

The Museum of Social Service in Buda-Pest, is the subject of an interesting and instructive article in *Progress* for January. M. Szanto, Director of Social Service, felt that the work of the Hungarian Institute might be greatly enhanced by the establishment of "a Museum in which were shown objectionable and advisable industrial methods in various occupations; models of safety appliances were exhibited, and detailed information given with regard to diseases of occupation or movements for social betterment." The Museum enables the busy man, either employer or workman, to readily obtain the knowledge he needs. "To succeed in bringing about industrial betterment, it is not enough to install the necessary appliances. Workmen and their families must be taught the purpose of these efforts and shown how to make the best use of them."

"The Museum has a permanent exhibition divided into sections, containing models, diagrams, etc., of efforts of all kinds for social welfare. Lectures are delivered there under the auspices of the Museum authorities by representatives of various societies active in social work." Further than this, the Museum of Social Service has established itinerant exhibitions in order that its benefits might be placed within the reach of a greater number of people. "The last of these exhibitions was divided into sections, as follows :—(1) Organs and functions of the human body; (2) Food and clothing; (3) Occupational diseases; (4) Safety appliances; (5) Inspection of factories; (6) Workmen's insurance; (7) Emigration; (8) Industrial betterment; (9) Housing; (10) Social work; (11) Children's hygiene; (12) Cleanliness; (13) Infetious diseases; (14) Tuberculosis; (15) Alcoholism."

The article closes with the following paragraph :

"The most important task after the enlightenment of the masses is social work, which has taken the place of charity, and for which our exhibitions make suggestions. The greater part of social work is voluntary, but when any social provision becomes a general necessity, legislation takes the matter up and makes compulsory what was voluntary. The best example of this is industrial insurance, which in most civilized States is complsory, with far-reaching effects on the health, working capacity and general welfare of the people. In Germany it has been complsory for three decades, with the result that the average length of life has increased by ten years. Social activity is a necessity both on the part of the individual and of the community. The community should promote the building of healthy dwellings for workmen. Clean, wholesome, and cheap hostels should be established for both men and women. Homes should be founded where tuberculosis in its early stages may be cured, and the patients accustomed to such a mode of life as will prevent them from spreading the disease in the

family circle. Day nurseries for infants, whose mothers are at work, and playgrounds for older children should be established in industrial areas. Settlements on the lines of those in England (where the love of social work and the sense of social duty are more extended than in any other country in the world) ought to be founded to train the privileged classes to engage in social work, to take an interest in it, and to appreciate it. To preserve the life of the body, which is the temple of the soul, to pay due regard to our own health, and that of our fellows is a paramount duty, and to spread this feeling of duty has been the purpose of our exhibitions.

Institutes of social service are among the newest developments of social organization, and are fast becoming the museums of the future, which will be visited by the masses for their own enlightenment. It would be desirable that the numerous examples which are already in operation should enter into a union for the interchange of ideas and experience. Such a union would be a great step towards the promotion of the social welfare of mankind."

The Journal of the Royal Sanitary Institute published, in its January number, excerpts from a paper on the part played by indiscriminate spitting in the spread of tuberculosis. The writer says :

"Sputum being a form of excrement, it is somewhat remarkable that the unwritten laws of decency should not already in great measure have controlled its disposal. There can surely be no strong reasons why this particular human by-product should be looked upon with especial tolerance.

1. Difficulty of the control of spitting among the tuberculous only.

It is over thirty years since the infectious character of sputum from patients suffering from pulmonary tuberculosis was first demonstrated. As a result attention was soon directed towards the disinfection of such sputum, and phthisical patients are now instructed to expectorate into spitting flasks or paper handkerchiefs. Meanwhile, no such observance is asked from the sufferers from chronic bronchitis and from other habitual spitters. The result is, to some extent, to brand the man who, in public or when at work, exercises decent care in the disposal of his expectoration as a consumptive.

2. Need for control of indiscriminate spitting. Voluntary and compulsory methods.

If we accept the view that tuberculosis is being freely spread today by indiscriminate spitting in the homes of patients, in vehicles, in public theatres and halls, and in the streets, the question that must at once present itself is, how is this infection to be controlled ? We hear a good deal about the gradual education of public opinion. Undoubtedly, as has already been said, there is in the public mind a growing feel-

ing that the disposal of expectoration ought to be controlled, but, after all, this feeling is practically restricted to certain sections of the community; indeed, to those sections where phthisis is comparatively uncommon, and where its presence is detected early. There remains the large majority who are thoughtless and potentially dangerous. The method has been tried of appealing to these with public notices bearing the request "Please do not spit." Personally, I am of opinion that these notices, although effective with the more thoughtful, simply do not disturb the equanimity of the class we most want to reach. Their effect is, frequently, merely to remind the casual reader that he can spit if he likes, and many lose no time in asserting themselves by practical demonstration. I am convinced that no marked decrease in the habit of spitting will be seen until by-laws have been obtained for its control, not only in covered places, halls, etc., but also to some extent in the public streets.

3. Administration.—Under this head the writer goes on to show how by-laws for the control of indiscriminate spitting can be arranged.

Atophan increases the elimination of uric acid in a proportion heretofore unattainable and thus obviates overcharging the gouty system with uric acid. Its action is more certain and more prompt than colchicum preparations and it does not cause any disagreeable secondary actions.

Atophan is indicated in Articular Rheumatism, Blenorrhoeic Arthritis, Neuralgia, Sciatica, etc.—*The Canadian Journal of Medicine and Surgery.*

Treatment of Cancer by Fulguration: This method was explained and recommended by Dr. Hett, of Berlin, Ont., in his paper before the Canadian Medical Association in London in June. The term "Fulguration" means lightning. The electricity is generated by a specially constructed apparatus and is applied to the wound before it is sutured. Two cases were shown where results had been very gratifying.

"*The Bacterial Therapist*" recommends the use of the appropriate bacterins for the common, acute and chronic infections of the nasal and bronchial membranes. "Under the vaccine treatment there is usually marked relief in from twelve to twenty-four hours after the first inoculation, and often the patient makes a rapid recovery. In chronic catarrhs the vaccines cannot, of course, correct anatomical deformities in the nasal cavity or eliminate the need of operative interference, but where these factors are absent, a cure under the use of the vaccines may be confidently predicted. A characteristic feature of the treatment is the marked general improvement that is noticed before the local infection shows much change.

"CHILD WELFARE."

By Miss Harriet Leet.
Superintendent of the Babies' Dispensary and Hospital, Cleveland, O.

(Continued from February issue.)

"Once a month each nurse goes over her charts with a supervisor and the Assistant Medical Director. These meetings are most helpful to director, supervisor and district nurse, as the cases are studied individually and great thought given to them. The physician learns the nurse's point of view and the nurse learns the physician's wishes in the care of the case. Right here I might speak of the great advantage of having all of our work under the supervision of physicians. Physicians have had a broader training than nurses and are able to look at the work from a more scientific view-point.

"Since March, 1911, we have had care of the eye cases of all babies under three years of age. Because there is practically only one treatment for Gonorrheal Ophthalmia, and quick action is so necessary, the eye nurse is allowed to take cases and work directly with private physicians. We, as nurses, know that fully as many severe eye cases come from physicians as do from the midwives. Here a tactful nurse may be able to save the eyesight by getting the baby into a hospital. We feel sure that at least fifty babies have their eyesight who would not have been taken care of had there not been a nurse who had time to devote to this particular work.

"The Ohio State Commission for the Blind has made an appropriation for ten months' investigative work among the midwives of Cleveland. This same nurse also supervises all of the "blind work" under the direction of the Bureau of Child Hygiene of the Board of Health.

"All Babies' Dispensary nurses know how trying is the Boarding Home question. Homes run for profit (and most of them are) have not sufficient help for the number of babies. Since the first of March one nurse has devoted her entire time to the Boarding Home question, investigating new homes where we can place just one baby in the home. We hope to have all of the homes near enough to branch dispensaries so that the caretaker can go to the branch dispensary for instructions and the branch physician can examine the baby. Also we wish to have a sufficient number of homes within the boundaries of our milk route.

"For three years we have hoped to give a post-graduate course for both physicians and nurses. At both State and National meetings we have been asked when we could do it. Only lack of time and of funds has prevented our starting the work, and it is hoped it will soon be a reality. Those of you who have studied our map have noticed that it is in the general scheme. The course will be only two or three months in duration, as, of course, nothing but Babies' Dispensary work

will be touched upon. It will include both practical and theoretical work.

During the last three years we have had an Outdoor Ward during the summer months, and here the nurses have an experience in the care of sick babies.

"The education of girls in the eighth grade of the public schools in infant hygiene comes under the direction of baby nurses, because of their particular training. A six weeks' demonstration of the teaching of infant hygiene to the sixth, seventh and eighth grades of the public schools was made by the school nurses, supervised by a Babies' Dispensary nurse. All of the pupils were intensely interested and there can be no doubt of the advisability of placing the work on the regular curriculum.

"Cleveland has a unique relation with the Board of Health, as the Board of Health nurses and Babies' Dispensary nurses have the same training and work as closely together as though they belonged to the same organization. This gives uniformity of work and saves duplication. This is made possible by the appointment of the Medical Director of the Babies' Dispensary as the Director of the Bureau of Child Hygiene.

"In reading an address by Dr. Henry L. Coit, the father of the Milk Commission, the thought came to me that we might take their constitution, insert the word 'nurses' and use it as a standard.

"(a) First—To unite the nurses of the city who are engaged in the study of the diseases of infancy and childhood.

Second—To promote, by its concerted efforts, scientific nursing methods.

Third—To foster a greater interest in pediatrics by nurses at large and to spread a knowledge of pediatrics among nurses.

"(b) 'It is the natural right of every child born into the world to remain and grow to years of efficiency. It is the birthright of every human being to live to independent existence, and since the infant in its innocency and absolute dependency has violated no law of life, it should not die. If, as most men believe, its early death is largely due to ignorance, then the responsibility is ours, and it is incumbent upon us to find the means to protect it.'

"Because so much depends upon education and good care in the home, one could almost say the health of the future citizens depends upon the nurses.

"(c) James Ward wrote: "To train up a child in the way he should grow is to so control the circumstances of his life that he shall grow as straight as possible, as much as possible, in as many directions as possible, and as harmoniously as possible."

"We, as baby nurses, can only touch his world, as all of the child's surroundings and environments assist or hinder his development. Fortunately, there are many other associations with whom we can co-operate.

"I cannot too strongly emphasize the need of affiliation with other nursing organizations. We gain a broader outlook by discussing other nurses' problems, and I hope we in turn are helpful to them.

"Mechanical routine work accomplishes small results. It is live, intense interest with thorough demonstration, with alert watchful supervision that counts and makes impressions upon the mothers which are lasting, and this is the whole scheme of the prophylactic work; education of the mothers and little mothers.

"Nursing is too fine a profession for us to allow ourselves to only see our own little corner, and unless we seize every opportunity of association with other nursing organizations, we are neglecting a great opportunity, not only for our own advancement, but also for helping others. We surely cannot afford to ever grow narrow or selfish, or to ever allow ourselves to think of our work as a trade and not the highest profession.

"Mrs. Robb said, 'Training has given us a definite place in the community and carried us beyond the confines of creed and of country, beyond the bounds of luxury and poverty, into close communion with the brotherhood of man.'

"This is surely a high ideal for all nurses."

"IF THESE MEN DIE, I DIE WITH THEM."

A Missionary's Tribute to a Trained Nurse.

We who live in a peaceful and comparatively law-abiding land have small conception of the nervous tension under which some of our representatives in foreign countries live all the time. During the last year this sense of approaching danger has been still stronger throughout Turkey and the war zone in the nearer East. Rev. L. D. Woodruff, of Philippopolis, Bulgaria, recently in America, has told us something of the panic which is liable to overtake the public on perhaps slight cause.

He also tells of the bravery of an American woman, whom we are proud to claim as one of our own missionary family, Miss Mary M. Haskell, of Samokov, Bulgaria. Mr. Woodruff says :—

"Two days after the assassination of Shefket Pasha we were in a hotel in the European quarter of Constantinople, when suddenly the air was filled with the screech of iron shutters jerked down over win-

dows and doors of every building in Pera. Our hotel proprietor was not behind the rest in blinding windows and bolting the door.

"I cannot describe the fear that seized the house. It was as if we saw streets swept by a stream of blood, with men and women fighting in it. In a few minutes the wave had passed, and men were smiling at themselves for yielding to the fear that is always latent in the land of the Turk.

"Something of that terror touched our hearts when the low rumbling of cannon reached the old Roumelian capital the day the fighting with Turkey began; and we knew not whether the dread sound would fade away toward the Aegean, or grow louder and louder until it roared an accompaniment to Moslem fury in the very streets of our beautiful city.

"When Enver Bey, encouraged by Roumania's unresisted advance upon Sofia, as easily led his Anatolian troops back over the fields of Bunar Hissar and Kirk Killisse, women in far Philippopolis spent the whole night in prayer that the scourge draw not nigh.

"In Adrianople the only course for the population was to fawn or flee. The Bulgarians, soldiers and civilians, fled. Dr. Monoloff, in the old military school hospital, ordered his doctors, nurses, and patients to make good their escape. In a few hours the hospital was empty save a few Bulgarian soldiers who were too sick to flee and—Miss Mary M. Haskell."

For a number of months Miss Mary Haskell, who is the sister of Rev. E. B. Haskell, the American Board's missionary in Salonica, bearing the Red Cross on her sleeve, has been working among the Bulgarian sick and wounded in the hospital at Adrianople. The order to flee did not coincide with Miss Haskell's idea of the duty of a nurse to her patients. She refused to be one of those who deserted persons too sick to be moved, saying, "If these men must be left to die, I will die with them."

During all last winter Miss Haskell was caring for the sick and wounded, partly at Lozengrad and smaller places, though chiefly at Adrianople. King Ferdinand and Queen Eleanor, of Bulgaria, have much appreciated the devotion of the missionary nurses and doctors.—Missionary Herald.

THE SCHOOL NURSE

On Tuesday, February 3, 1914, the third annual meeting of the Canadian Public School Nurses' Association was held at the Graduate Nurses' Club, 295 Sherbourne Street, Toronto. After a cup of tea, the regular business meeting over, the association proceeded with the election of officers for the coming year. They are as follows: President, Mrs. Struthers, re-elected; Vice-President, Miss E. J. Jamieson, re-

elected; Treasurer, Miss Jones, re-elected; Recording Secretary, Miss Roberts; Corresponding Secretary, Miss McCallum, re-elected; Press Representative, Miss Paul, Superintendent of the Public School Nurses of Toronto. Board of Directors—Miss Paul, elected for three years; Misses Kingston, Jamieson and L. M. Thomson, for two years; Mrs. Struthers, Misses Jones, McCallum, Denison and Roberts for one year.

It was decided that the Executive should relieve Miss McKay of the printing. Miss Webster read a very bright, interesting paper on "The Training of a School Nurse," by Miss Helen Pearce. Names proposed for membership: Misses Spry, Beal, Galbraith, Misner and Denison.

The folloing nurses are taking a post-graduate course in school nursing in Toronto: Miss D. Jefferson, R.N., Capital City School of Nurses, Washington; Mrs. C. F. Magee, Ottawa General Hosp., Ottawa, Ont.; Miss L. Campbell, St. John's Hospital, Toronto; and Miss S. McLean, Garfield Memorial Hospital, Washington, D.C.

Miss Barrie has been appointed Social Service and School Nurse in Sarnia, Ont., under the Local Council of Women and School Board, and spent a few days in Toronto looking into the system of Medical Inspection there.

The above cut shows the Medical Inspector making a thorough chest examination of a child whose history pointed to tuberculosis. In such cases one of the parents is always asked to be present.

Editorial

THE CONVENTION IN HALIFAX.

The annual meeting of The Canadian National Association of Trained Nurses is to be held in Halifax, N.S., this year. The best possible preparation for this meeting is the careful perusal of the report of the last annual meeting. All cannot attend the meetings, but all can keep in touch with what is done or proposed. The work of this Association concerns every nurse in Canada. Then let it not be said of you that you do not know what the National Association stands for or is trying to do.

Send to the Secretary, 56 Sherbrooke Street West, Montreal, for a copy of the Report, read it carefully, then consider what contribution you can make to the Halifax meeting. Your interest is needed, yes, **yours**, and the meeting will not be complete without some evidence of that interest. And there is no time to waste.

The Canadian Society of Superintendents of Training Schools for Nurses, also meets in Halifax this year. Every Superintendent of Nurses should see to it that her contribution to the helpfulness and success of that meeting is ready in good time. The society has definite aims, its work is important, and the results of that work far-reaching. Then, surely, some careful thought and earnest, definite effort should be contributed by every Superintendent of Nurses in Canada to the Annual Conference.

Let Halifax, 1915, be the best yet !

The Officers are hoping to be able to arrange for cheap rates for this Convention. Definite notice as to this and the dates of meeting will be given later.

FANNY WILDE McEVOY.

We hope those nurses and nurses' organizations who have contributed to the maintenance of this veteran nurse, have not forgotten her this year. She, with her aged and infirm husband, is now being cared for in a home for the aged in Detroit. Mrs. McEvoy has been very comfortable and happy since the nurses have been caring for her.

The Trained Nurse says: "We know that there are hundreds of nurses and friends who will be glad to have a share in caring for our aged sister nurse, who is thoroughly dependent on our contributions for keeping her where she is. Just one dollar bill from you, sister nurse, and a wish and a prayer that the Lord will make the year 1914 the brightest and best of all the years that Fanny Wilde McEvoy has known. Send contributions to Charlotte A. Aikens, 722 Sheridan Ave., Detroit.

THE CANADIAN NURSE FUND.

In June, 1912, we published the contributions to date to this Fund —$51.00. Those received since are : R. Judge, Vancouver, B.C., $1.00; L. M. Teeter, Toronto, $1.00; Well-wishers, Newfoundland, $6.50. This last item was collected by a nurse who is debarred from active duty, but whose interest in "The Canadian Nurse" prompted her to interest some of her friends in the Fund.

The Canadian Nurse Fund was started by some enthusiastic members of the Editorial Board with the idea of helping the magazine in whatever way help was most needed, but the nurses of Canada have not been very enthusiastic in taking up the idea and helping on to its realization. It is so easy just to let those who have always done the work and borne the burden keep on. In fact you expect them to keep on. But while they strive to faithfully perform their part, they cannot do your work, and the whole is always incomplete without all its parts.

STAMP-SELLING CONTEST.

The demeaning of the Nurse's uniform by young women who were engaged to sell Christmas stamps called forth an emphatic protest from nurses who have a high regard for the honor of the profession. These young women, having no particular regard for the uniform, do not always conduct themselves in a lady-like manner, and the public, having no way of discriminating, condemn these nurses, as they think, for their frivolous behavior.

The Waterloo County Tuberculosis Hospital did not propose to err in this connection. Boys from the junior division of the Y.M.C.A. were engaged to sell the stamps for this institution. That they did their work well is shown by the amount realized. Zest was added to the work by a competition among different groups. The winning group was treated to an oyster supper.

This plan is to be commended. The boys enjoy the work and do it well, and no occasion is given for adverse criticism.

Will contributors kindly see that all material is in the hands of the Editor not later than the ninth of each month. Write on one side of the paper only. That some expect the impossible is sometimes evident. One letter received was dated December 20th, and contained the request that the enclosed appear in the January issue. As a matter of fact, the January issue was almost ready for distribution at that date in December. We know it is very easy to forget dates, but if you will keep the above request in mind, you will help the Editor and make it possible to have notes and items appear in good time.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Holy Trinity Chapel, Trinity Square, Second Friday, 8 p.m.
Chaplain—Rev. D. L. Owens, 10 Trinity Square.
Superior—Mrs. Goldwin Howland, 538 Spadina Ave.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The regular monthly meeting of the Guild of Toronto was held at Holy Trinity Chapel on Friday evening, January 9th. The Chaplain, Superior, and ten members being present.

After the service and address by the Chaplain, the meeting adjourned to the school house where refreshments were served. It was suggested that the members should do some practical work, such as making clothes for the poor. We hope to have a large attendance at our next meeting so that we may accomplish a good amount of work. A welcome is always given to nurses interested in the Guild and its work.

"The fine ethical side of a nurse's career is developed out of experience, sorrow, struggle and time—the 'noble career' is a thing of painful and laborious growth which the majority of nurses fail to develop at all."—*B. C. H. Nurses' Alumnae Quarterly.*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-President, Mrs. W. S. Tilley, 56 George St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hosp., Toronto; Mrs. MacConnell, 514 Brunswick Ave., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The regular meeting of the Executive was held on January 28, at the Nurses' Club, 295 Sherbourne Street, Toronto. Seven members were present. Mrs. Tilley presided. Treasurer's report showed a bank balance of $338.89.

The annual subscription of thirty dollars to the Fanny Wilde McEvoy Fund was sent to Miss Charlotte A. Aikens, Detroit.

In arranging for the Annual Meeting, it was decided to have a paper on "Private Nursing," to be followed by discussion.

Dr. Plewes, late of Newfoundland, is to give an address to the Nurses of Toronto at the club in February.

Miss Smith, Chairman of the Hamilton Chapter, was present and gave an outline of the Social Service work done in Hamilton.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The January meeting of the C.N.A. was held later than usual to accommodate the lecturer, also that we might have the President with us after her return from the National Executive in Toronto.

The Rev. Doctor Symonds delivered a most delightful lecture on Dickens, giving us a splendid insight into his early, as well as his later life; and a good synopsis of his works. It has been maintained by some that the day will come when the novels of Dickens will cease to be read, but there are no present signs of its approach. New editions of his works still pour forth from the presses of many publishing houses, and there is no doubt whatever that the sale of his books far exceed that of any other English writer except Shakespeare.

The February meeting was held on the 3rd, at which Mr. Holt read a paper on Registration, in which he gave strong support to the movement. He outlined what steps had already been taken, aiming at a legal recognition of the profession, and made suggestions for furthering of the object. He made it plain that there was no intention of trying to force any one out of the profession, but it was primarily for the purpose of putting the hall mark of competence on those nurses of proved efficiency. Dr. England and Dr. Ritchie England, also Dr. Maud Abbot and Mrs. Henderson added very great weight to what had been said by their able support of the movement.

It is hoped to have the bill ready for the next session of the Legislature.

Nearly all the hospitals were well represented, and every one was most enthusiastic.

Miss Phillips is enjoying a well-earned holiday at her home in Watertown, N.Y.

We are grieved to hear of the serious illness of Miss McClurg, one of our oldest members, and hope soon to hear of her recovery.

Miss Colquhoun is with us for a short visit, after a long absence in Manitoba. Her advent at the Committee meeting was met with great joy. And our one regret is that she cannot remain in Montreal.

Several of our members have been ill, but most of them are on duty again.

Miss O'Leary of St. Michael's Hospital, Toronto, has been very ill in that institution, but we are pleased to learn that she has so far recovered as to be able to be removed to her home.

CORRESPONDENCE

To the Editor of "The Canadian Nurse" :

Dear Madam—In the January number of "The Canadian Nurse" I have read with pleasure Mrs. Burland's very interesting account of the origin of "The Nursing Mission," Beverley Street, Toronto; but would like to make a correction of her statement re the Margaret Scott Nursing Mission, Winnipeg, as it may give rise to some misapprehension as to the nature of our work.

Unlike the Nursing Mission, Toronto, the Margaret Scott Nursing Mission has no training school for nurses.

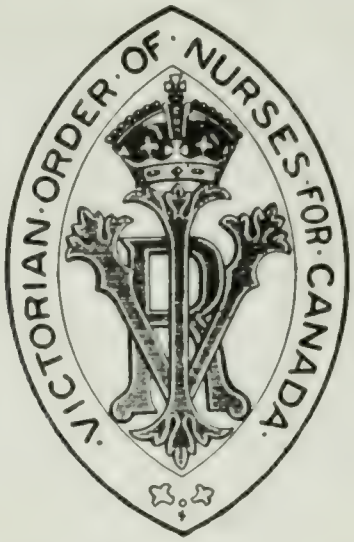
Shortly after the mission was organized we had on our staff a nurse who had received her training in the Nursing Mission, Toronto, and it gives me great pleasure to say that her work was most satisfactory in every way.

Since that time, however, arrangements have been made with the Winnipeg General Hospital, by which their nurses might get about two months' experience in District Nursing at the Mission, and it was then decided that none but fully qualified, hospital trained nurses, should be taken on the permanent staff.

Trusting you will make this correction,

Believe me,
Yours sincerely,
Eliza L. Beveridge.

The Margaret Scott Nursing Mission,
99 George Street, Winnipeg.



In the January number of the "Public Health Quarterly" of the United States, there is a timely article on "The Nurses' opportunities in Hospital Social Service and Public Health Work," which we wish every district nurse and Social Service Worker would read. In this paper, Dr. Landis points out that the Medical and Nursing professions have shown themselves strangely remiss in their failure to grasp their opportunities in the work of reform which is going on in the methods of caring for the sick and unfortunate.

In the field of Hospital Social Service how little is being done in Canada to-day ! The great benefits to be derived from a Hospital Social Service Department have been demonstrated to the public, and articles have been written on it and addresses delivered, and still how little is there to show for it ! Now we see the lay-worker forging ahead, while her professional sister looks on with apathy or indifference. and this, while we know how important Hospital Social Service is in the campaign for the Welfare of the community, and while we realize to the full that this means must expand more and more. And Dr. Landis expresses it very well when he says : "The development of Hospital Social Service, as I see it, will be along the lines of work performed by the visiting nurse, plus Social Service and training in Sanitation."

The needs of almost every dispensary or ward patient may be put into two classes : One with the Sociological background, one with the nursing and educational background. To take the example cited: "A maternity case and the new-born infant! The Social Worker may find that the woman has been deserted by her husband, that she is behind in her rent, and that she has not sufficient food or clothing. That is the Sociological background, and the problems to be solved are: First, trying to induce or force the man to meet his obligations, and second, in default of this, the obtaining of relief from some one of the recognized charity organizations, or possibly from private sources. But there is

the other background, namely, the need of nursing attention for the woman, instruction as to the care of the child, especially if it is to be bottle-fed, and instructions as to household hygiene and the purchasing and cooking of food.

No one will question, both for reasons of economy and efficiency, that the woman trained along both lines is preferable to one with training in but a single phase of the problem."

An important fact, pointed out by Dr. Landis, is that most of the lay Hospital Social Service Workers are of a high type. They are, as a whole, well educated, eager students of sociological problems, possessed of initiative and thoroughly trained as far as their equipment goes. "Could that be said of the Canadian nurses as a whole ? "

In the matter, too, of public health, how much has been done by nurses ? Practically all legislation for the betterment of the public health has been brought about by the lay Sociologist, and the positions created have been filled by lay workers. Still, "public health means the education of the public in preventive medicine as well as the care of the sick. Its scope is almost illimitable, in that there may be included under the term every thing which in any way affects the health of the community."

"There is hardly a phase of public work that is not open to the nurse, inasmuch as all of the problems are largely those of public sanitation demanding for their solution the education of the people, and as has been well said, the most powerful agent for good in this direction is the public health nurse."

An important suggestion is made in the closing paragraph of Dr. Landis' excellent paper concerning sanitary officers : "For some time I have felt that if we are to make any great improvement in the health conditions of our large cities and towns, it must be through the agency of sanitary officers. I have furthermore held the belief that these individuals should be clothed with the authority of both the sanitary officer and the policeman. Many of these officers should, in my opinion, be public health nurses whose functions should be primarily one of education."

That may be given as the "Call to Arms" to the nurses of Canada. Let them speak for themselves, let them say what a nurse's education should be and insist on having it, and above all let them see to it that they have the right qualities of heart and mind and that they see where they are needed, and go in and work with their might.

The opportunities of the nurse for real service are wonderful to-day.

A Post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 206 Spadina Avenue, Toronto; 46 Bishop Street, Montreal; or 1800 Venables Street, Vancouver, B.C.

HOSPITALS AND NURSES.

British Columbia.

The Nurses' Registration Bill does not prevent any nurse from working, but does prevent her from claiming to be a Registered Nurse. You insist on Doctors, Dentists and Druggists being registered, but any woman stating that she is a nurse can nurse your family. The Physician sees the patient for perhaps half an hour. The Nurse has full charge for the 24 hours. The Physician depends on her for the report of condition, any changes, etc. If she is not qualified do you want her?

"This Act shall not be construed to affect or to apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick who does not in any way assume or pretend to be a registered nurse."

ANNUAL REPORT VICTORIA NURSES' CLUB

During the year our meetings have been held every month, Miss E. H. Jones, President, in the chair at every meeting. Our thanks are due Miss Jones, not only for presiding regularly, but for her interested help, and attention to the club at all times.

Five lectures were given during the year by the different doctors. Our membership remains at forty. Several new members have joined and a few old ones have gone away. During the year nine of our members have been ill, and each one received sick benefit. Our annual dance was given Easter week, and was, as usual, a social and a financial success. Our funds were increased by over three hundred and forty dollars. Although real estate is at a standstill for a time, we expect to make a good turnover in the coming year. We are affiliated with the Local Council of Women, The Canadian National Association of Trained Nurses, also with the Graduate Nurses' Association of B. C., having three members on the executive committee, helping to have our Registration Bill introduced into the Legislature this year. Our members, in common with nurses the world over, are spending their lives in the useful care of their patients, and the educative uplift of mankind.

Ethel Morrison, Secretary.

The annual meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club, Wednesday, February 4th. The following officers were elected for the year 1914: President, Miss C. C. Trew; 1st vice-president, Miss Breeze; 2nd vice-president, Miss Bone; secretary-treasurer, Miss R. Judge; executive committee, Miss Barnard, Miss Dockerill and Miss Ewart. Entertainment and sick-visiting committees were also formed.

Registrar's report for the year ending December, 1913, showed number of nurses registered 188; number of registry calls, 1,066.

Secretary-treasurer's report for the year ending December, 1913, gave: members 83, with average attendance at meetings 18; cash in hand, $107.75; sick benefit fund, started in June, $424.15. Only one call had been made on the latter in the six months. It was proposed and carried that the association subscribe to "The Modern Hospital" magazine, for the use of its members.

After the meeting tea was served, the hostesses being Miss Bone and Miss S. Archibald.

Miss Arthur, Superintendent of the Powell River Hospital, B.C., spent the Christmas holidays in Vancouver.

Miss Peterson, of the Victorian Order of Nurses' staff, Vancouver, has been transferred to North Vancouver.

Miss McBride (W.G.H.) and Miss D. Turnball (T.G.H.), who have been private nursing in Vancouver, have left for San Francisco. They intend spending three months in Southern California.

The Victoria Nurses' Club held its monthly meeting on the afternoon of January 5, 1914. Owing to the heavy rainstorm the attendance was not as large as usual. The doctor who was to lecture was unable to come. Only routine business was transacted. One new member was received. A letter of thanks was read from a member for sick benefit received. Another member is to receive sick benefit this month.

Several hundred dollars' damages were done to the sterilizing room of the Jubilee Hospital, New Westminster, B.C., when the coal oil sterilizer exploded, setting fire to the room. The fire might have been disastrous had it not been for the pluck of little Miss Lee, who, on hearing the explosion, seized the emergency hose and fought the fire alone to prevent frightening the patients by spreading the alarm.

A petty fraud which is being practised on the public by persons who have been soliciting subscriptions for certain publications, and representing that the commissions are to be applied to the funds of the Victorian Order of Nurses, was one of the matters which came up for discussion at the meeting of the Order on January 10, 1914. The committee desires that the public shall clearly understand that no one is authorized to make collections of money or to solicit subscriptions for any magazine or paper, or in any way to canvass in behalf of the Victorian Order. The reports for the month showed that a great amount

of work had been done by the visiting nurses, whose duties have been much heavier this season than has been the case in former winters. Many people, who in former periods of illness were able to employ a private nurse or to enter a nursing home, have this year been obliged to apply to the Order. The number of cases of paying patients has also been smaller than usual, and the fees received have therefore been less. It was with great regret that the committee received and accepted the resignation of Miss Hall, who for some time past has been superintendent of the Florence Nightingale Home. Miss Hall has received a most gratifying promotion, having been appointed assistant inspector, under Miss Mary Ard McKenzie, for the Dominion. It was announced that the Patricia Auxiliary to the Order is to have the benefit of the Monday evening performance at the Empress Theatre when the comedy "Girls" will be presented. Mrs. W. M. Rose presided at the meeting.

The cost per patient per day at the Royal Columbian Hospital, New Westminster, during 1913, as compared with other cities in the Dominion, is practically the lowest, the average figure for the local institution being $1.55½. Statistics compiled in various cities of Canada show that the cost per patient runs anywhere from $1.50 to $3 per day, New Westminster being the minimum figure.

Alberta.

The formal opening of the new South Side Hospital, The Strathcona, Edmonton, Alta., took place on the afternoon of January 24, 1914. Lieutenant-Governor Bulyea officiated. Mayor McNamara and Dr. H. M. Tory, President of the University of Alberta, also gave addresses.

The new hospital, which is purely civic, has accommodation for ninety patients, and is in charge of Miss Baird, Superintendent.

Manitoba.

The new North Winnipeg General Hospital was opened on February 1, 1914, by Mayor Deacon, in the presence of a large gathering of prominent citizens. These quarters are only temporary. Arrangements are being made to erect a modern hospital to cost $200.000.

A surprise party composed of members of the medical staff of the Brandon General Hospital, gathered in the nurses' home on the eve of the departure of Nurse McGowan, assistant superintendent, from their midst. Nurse McGowan was presented with a silver purse containing $100 in gold, as a mark of their esteem and also as a wedding gift, the presentation being made by Dr. M. S. Fraser, and an address was read by Dr. L. M. More. Dr. Fraser also made a very witty speech and several other doctors spoke in the highest terms of Nurse McGowan, who was married to-day, (January 21st) to Dr. Benjamin Hop-

kins, of Prince Albert. The evening was brought to a close by the singing of Auld Lang Syne.

ONTARIO.

Dr. David S. Hoig has received the appointment of Medical Superintendent of the Oshawa General Hospital.

Miss Margaret Teiling, graduate of the Oshawa General Hospital, has accepted the position of head nurse in the Lellandra Hospital, St. Catharines.

Miss Daphne Drew, graduate of the Oshawa General Hospital, has been appointed night supervisor in the Oshawa Hospital.

Miss J. A. Gibson, Lady Superintendent of the Kincardine General Hospital, had a serious operation performed in December, and has been obliged to give up her position and take a long rest.

Miss Neelin, formerly Lady Superintendent of the Royal Alexandra Hospital, Fergus, has been appointed to the position.

Mrs. N. Hillary Aubin, corresponding secretary of the Toronto General Hospital Alumnae Association, formerly of 78 Queen's Park, who has been so ill in the hospital for the past three weeks, is at present staying with her brother, Mr. N. T. Hillary, 123 Bedford Road, Toronto, where she will be until further notice. Mrs. Aubin will be glad to have all Alumnae and other communications sent to her there.

Miss Margaret Wood, graduate of the Hospital for Sick Children, Toronto, is now assistant superintendent of the Babies' Hospital, New York City.

Miss Eleanor Butterfield, graduate of the Hospital for Sick Children, is in charge of the children's ward in the Allegheny General Hospital, Pittsburg, Penn.

Miss De Vellin, graduate of Grace Hospital, Toronto, has gone to Los Angeles, Cal., with her patient. She expects to be away for some months.

The graduating exercises of the class of 1914 of St. Vincent De Paul Hospital, Brockville, Ont., took place in the assembly room of the hospital on the afternoon of January 8th.

Very Rev. Dean Murray presented the diplomas and delivered a splendid address to the graduating class in the presence of the entire medical staff.

The Rev. Mother Superior, of the House of Providence, Kingston, presented the candidates.

During the proceedings the nursing staff rendered a fine musical

program in which Misses B. Fraser, C. Murphy and M. McDonald took part.

Miss Helen Shea presented each of the graduates with a handsome bouquet.

At the conclusion a banquet was held when the graduates and relatives were entertained to dainty refreshments.

Mrs. Harvey entertained the Graduate Nurses' Association of Thunder Bay District, at her home, 1118 Ridgeway Street, Fort William, at the first meeting in the New Year, January 8th. Mrs. (Dr.) Cook presided. The other officers were all present and a good attendance of members. After the business part of the meeting a very pleasant social hour was spent, and the third annual meeting at Mrs. Harvey's hospitable home closed.

Miss Shaughnessy and Miss Wishart, graduates of St. Joseph's Hospital, Port Arthur, have returned to do private nursing in the twin cities, after a year in Winnipeg.

Miss Sherratt, of Port Arthur, spent the holidays at her old home, Kingston, Ont.

Miss Wiggins, Port Arthur, accompanied her patient, the late Dr. Beck, of Port Arthur, to Toronto, where he entered the Wellesley Hospital, where he died, January 12th, after a long illness. The nursing profession in the Twin Cities lose a staunch friend in Dr. Beck.

London: The February meeting of the Victoria Hospital Alumnae Association was held on Tuesday evening, 3rd inst. Dr. Hadley Williams gave an intensely interesting address on "Modern Surgery." Dr. Williams, one of London's leading surgeons, has had experience in hospital work and practice in the Old World, and has visited most of the best hospitals on both sides of the Atlantic. The marvelous strides in surgery, the technique, were all clearly explained and elucidated, and by comparison with the best elsewhere, Canadian hospitals stand in the front rank. A vote of thanks was tendered Dr. Williams, and refreshments were served in the Nurses' parlor.

Miss Barrie, of Sarnia Hospital, is in the city looking into social service work for Sarnia.

Miss McDougall and Miss Rankin, social service workers of this city, were in Toronto last week getting points for work here.

Miss Edith F. Neelin, who has been Lady Superintendent of the Royal Alexandra Hospital, Fergus, for the past two years and a half,

has resigned her position there to accept a similar one at the General Hospital, Kincardine.

Miss Olive J. Griffin, graduate of Guelph General Hospital, class '13, has succeeded Miss Neelin at Fergus.

Miss Sadie Shewfelt, graduate of Kincardine General Hospital, class '12, is recovering from typhoid and is able to return to her home.

Miss E. Jean Hoffman, graduate of Royal Alexandra Hospital, Fergus, Ont., class '13, has sufficiently recovered from a very serious operation to return to her home at Kincardine, after two months at the Fergus Hospital.

Miss Margaret McDonald, graduate of Victoria Hospital, London, class '13, has gone to Saskatoon to do private nursing. Miss McDonald has been at her home in Kincardine nursing her brother who was ill with pneumonia.

Miss Olive Laidlaw, graduate of the Cooley Dickinson Hospital, Northampton, Mass., returned to Boston after a month's visit with her parents in Seaforth.

Miss Edna Perry, graduate of the Post Graduate Hospital, New York, has recently gone to Asafagasta, Chili, where she will do private nursing. Miss Perry will be traveling for thirty-nine days before she reaches her destination.

St. Catharines: The Alumnae Association of the Mack Training School held a very interesting meeting in January, at which Dr. W. J. Chapman gave a splendid address on "Safeguarding Surgical Operations." There were about eighteen present.

Miss Sutherland, Head Nurse of the Mack Training School, unfortunately met with an accident on February 2nd, fracturing her right ankle, which necessitates her absence from duty for some time.

We learn with regret that Miss E. Lovell, a recent graduate of Mack Training School, is unable to nurse owing to ill health.

Miss M. Bowman, graduate of 1913, has accepted the position of Night Supervisor at the General Hospital, Port Hope, Ont.

Miss M. MacPhee is visiting in Boston.

The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the club house, 12th January, 1914, and although the day was bitterly cold there were quite a number present. Miss Grace Moore presided. Business being disposed of, the meeting

took the form of a musicale, for which a very enjoyable program had been arranged by the St. Luke's Alumnae. Tea was then served and a pleasant social hour was spent.

The annual meetings of the Alumnae Association of the Ottawa General Hospital was held on January 2nd. A large attendance was present and both Secretary's and Treasurer's reports were most satisfactory. The latter showing a substantial balance on hand. The following were elected officers for the following year: Miss M. Brankin, President; Miss M. Neisius, First Vice-President; Miss A. McDermot, Second Vice-President; Miss P. Redmond, Secretary; Miss E. Burk Treasurer; Miss F Lyons, Secretary-Treasurer Sick Benefit Fund.

By the death of Rev. Sister Isiah, which occurred at the hospital, December 5th, 1913, the Sisters of Charity lost a valuable member of the community and the hospital one of its most esteemed and capable nurses. The late Sister graduated in 1910, and from that time had acted as head nurse in the different wards of the institution. For six months previous to her fatal illness, Sister Isiah acted as Night Superintendent. An attack of pneumonia terminated a most promising career at a very early age.

Much sympathy is extended her bereaved family, and the Sisters of Charity.

A second member of Class 1913, O.G.H., passed away in the person of Miss Margaret Rowan, whose death occurred at her father's residence at Ottawa on Christmas Day. The young nurse, since leaving the hospital in June, had only been able to practice private nursing for two short months. In August Miss Rowan's condition became serious and from that time until her death, she was confined to bed with an attack of Septic Endocarditis. A general favorite with the hospital authorities and nurses, her untimely death caused profound regret.

Miss Margaret Spooner, graduate O.G.H., Class '11, made her final vows on January 5th, and was admitted to the Order of the Sisters of Charity. Her many nursing friends offer sincere congratulations.

Sister Mary Alice, Superintendent of the City Hospital, Ogdensburg, was a guest at the O.G.H. during the Christmas holidays.

Sister Mary Daniel, head operating-room nurse O.G.H., has left for Ogdensburg for a short holiday.

The many friends of Miss I. MacElroy, graduate O.G.H., will be pleased to hear that she has recovered from her recent illness.

Much sympathy is extended Mrs. G. Vaughan, of Ottawa, on the recent death of her father, Mr. Gunn, of Lancaster, Ont. Mrs. Vaughan is a graduate of the O.G.H.

Peterboro.—An informal opening of the "new wing" of the Nicholl's Hospital, took place New Year's Day. The new building contains

eleven private, four semi-private, and four public wards, and has all the latest improvements.

The nursing staff has been increased.

Miss Beamish, Superintendent of the Nicholl's Hospital, is away for a short holiday.

Miss Giffin, graduate of Hamilton City Hospital, has resigned her position as Night Supervisor of the Grant Hospital, Columbus, Ohio, to accept the position of Lady Superintendent of Bethesda Hospital of Zanesville, Ohio.

Miss Van Velzer, graduate of Hamilton City Hospital, has accepted the position of assistant Superintendent of the Welland Hospital.

Miss Ada Walker, graduate H.C.H., and her sister, who were Superintendent and Assistant of the hospital at Minnedosa, have resigned their positions to take up the work of chicken farming in the same town.

The many friends of Miss Elizabeth Bell, graduate of class 1911, H.C.H., will be sorry to hear that she had to undergo an operation for appendicitis on February 7th. A favorable recovery is expected.

At the regular monthly meeting of the H.C.H. Alumnae, on February 3rd, the principal subject discussed was the ways and means of forming a central registry for all qualified graduates in the city. Nothing definite was arranged.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held on Friday, February 6th, in the nurses' residence, with the President, Mrs. Valentine, in the chair. There were fourteen members prsent. After business matters had been attended to, Miss McKenzie of the Toronto Graduate Nurses' Club, spoke for a few minutes on the privileges the members of the club might enjoy. Miss Davis, Superintendent of Nurses at the Provincial Asylum, gave a most interesting paper on Mental Diseases.

Mrs. Yorke, graduate Toronto Western Hospital, has been ill for some time at her home, 400 Manning Avenue, but is improving slowly.

Miss Harrison, graduate T.W.H., is at present ill in the Alumnae Ward of the hospital.

Miss Tuckett, graduate T.W.H., class '13, has accepted a position as Assistant Superintendent of the Strathcona Hospital, Edmonton. Duties to commence in March.

The members of the Kingston Nurses' Alumnae planned a sleighing party for January 29th. All their friends, who had so kindly helped them with the Mason's Banquet, were invited, and a very jolly time was expected, but when the evening of the 29th arrived it was pouring

rain. As a sleigh ride was out of the question, Mrs. Campbell, Secretary-Treasurer of the Association, kindly offered her home, and a very enjoyable evening was spent.

Miss Davis, T.G.H., of Welland, Ont., was a guest at the Toronto Graduate Nurses' Club in January.

A number of private dances, teas, etc., have been given during the winter at the club.

Miss Rankin, Welfare Nurse of McClary Manufacturing Co., London, Ont., and Miss McDougall, Social Service Nurse at Victoria Hospital, London, stayed at the club while investigating various social organizations in Toronto.

Miss Helen Barrie, the newly-appointed social service nurse of Sarnia, Ont., was also a guest at the club while looking for ideas that would be helpful to her in her new work.

St. Michael's Hospital Alumnae Association gave a dance at the club, about sixty guests being present. Dancing was indulged in up to twelve o'clock.

Mrs. Cox, of Bathurst, New Brunswick, was at the club for a few days while in Toronto.

The new General Hospital at Strathroy, was opened on Monday, February 9th by Dr. R. W. Bruce Smith, Inspector of Hospitals for Ontario. Addresses were given by Mayor Owens and Chairman Dunn of the Hospital Board.

Quebec.

At a meeting of the Alumnae Association of the Royal Victoria Hospital, Montreal, held on the evening of January 10th, very much regret was expressed at the death of Miss Grant, for several years a most interested and efficient President of the Society. After a short illness she died at the home of her sister in Ottawa on the 12th of December, 1913.

Mrs. Stanley, in a short speech, paid a very feeling tribute to Miss Grant, speaking of her kindness to her personally, as senior nurse to probationer, and many others can remember how patient and helpful she was to them during that most trying time of their training.

Miss Grant was a graduate of the Class of 1896, and a short time after her graduation she took charge of Dr. Gardner's private hospital, where she remained until that institution was closed a year ago, since then she had been engaged in private nursing.

Her work was always quietly, thoroughly, and conscientiously done and her kindly, gentle manner endeared her to all with whom she

came in contact; she will be much missed in the Association work; though she resigned the Presidency last year, she was deeply interested in all that pertained to the Society.

Loyal to her Hospital, her work and her friends, what more can we say of anyone, her memory will be green in many hearts for years to come.

Miss Florence Brown, M.G.H., '09, has returned to Montreal, and is doing private nursing.

Miss Constance Stewart, M.G.H., '12, is leaving for England shortly to spend some time at her home.

Miss Kate Wilson, M.G.H., '11, is leaving this month with her patient for a trip abroad.

Miss Childs, M.G.H., '13, who has just completed her course of training is going to her home for a year before taking up private nursing.

Miss Sara Dawson, M.G.H., 1899, has returned to Montreal, and is doing Victorian Order Nursing.

Miss Haddill, M.G.H., '10, who has been doing private nursing in Vancouver, B.C., was operated upon a short time ago in the Bute Hospital, Vancouver, B.C. She is progressing favorably.

The unincorporated association formed by the nurses of the Montreal General Hospital has been given official recognition and has been incorporated by an order-in-council dated November 6, 1913. The association's corporative name will be : "The Alumnae Mutual Benefit Assciation of the Montreal General Hospital Training School for Nurses." The aims of the association are the maintenance of the honor and character of the nursing profession, the promotion of unity and good feeling among its members, and mutual help in their work; the administration of a sick benefit fund for the mutual benefit of the members; and the taking over of the assets and liabilities of the present unincorporated body.

The third meeting of the "Graduate Nurses' Association of the Eastern Townships," was held in Sherbrooke, Que., January 13th, 1914. The comfortable clubroom of the Daughters of the Empire, kindly offered for our meetings, was used.

Owing to the very severe weather, the attendance was unusually small.

The principal business brought up was the registry question, the details of which, it was decided, should be arranged by the Executive Committee.

The lecturer for the day, Dr. W. W. Lynch, was unfortunately

called away at the last minute. His very interesting paper was read by Miss Lamb.

NEWFOUNDLAND.

Newfoundland Nurses' Association : President, Miss Southcott, General Hospital, St. John's; Vice-President, Miss Campbell, Hamilton Avenue, St. John's; Secretary-Treasurer, Miss Borden, General Hospital, St. John's; Executive Committee, Misses March, Cullian, Redmond and Tuck.

Meetings—First Saturday of the month, 4 p.m.

General Hospital, St. John's : On Tuesday, December 30th, 1913, the Cowan Mission gave their annual Christmas treat to the patients of the General Hospital. Carson Ward was the headquarters for tea and entertainment. All patients who could be moved from the other wards were assembled there and did full justice to the good things provided. After the tea and concert were over each patient and each nurse and servant, too, was presented with a souvenir of the occasion. There was not one empty bed, although Christmas is the slack time usually. The wards were nicely decorated, and looked very pretty, the decorations in one ward being given by a grateful patient.

On Tuesday, January 6th, the Superintendent of Nurses, Miss Southcott, entertained the Sisters and some of the graduates at dinner.

Mr. W. W. Reid very generously presented a gramophone to the nurses as a Christmas gift. The records—all very good ones—are many in number and will be much appreciated, and afford a great deal of pleasure to the recipients.

The Nurses' Association is growing, meetings have been held regularly every month and have been well attended.

The establishing of a Nurses' Registry, is the question at present being considered, as hitherto there has been no centre where doctors or patients could apply when they wanted to obtain a nurse.

Seven nurses of the General Hospital passed their final examination in December last. They are Emma Reid, Annie Payn, Clara White, Ellen Penny, Katharine Fitzpatrick, Alice Lillie, Mildred Edgar.

The first of these has been appointed Sister, the second returns to the Hospital, after her holiday, as staff nurse.

THE NURSES' LIBRARY

Dietetics for Nurses—By Julius Friedenwald, M.D., Professor of Gastro-enterology in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M.D., Professor of Diseases of Children in the

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National Drug & Chemical Co. of Canada, Limited, Montreal

College of Physicians and Surgeons, Baltimore. Third edition enlarged and revised. 12mo volume of 431 pages. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $1.50 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

This is an ideal book on this all-important subject, giving the nurse just the knowledge she needs. The correct dietary in the various diseases is given, also a large number of recipes. A chapter is given to "cuts of meat." Just the book the pupil or the graduate cannot afford to do without.

Dorland's American Pocket Medical Dictionary—Edited by W. A. Newman Dorland, M.D., editor "American Illustrated Medical Dictionary." Eighth edition revised and enlarged. 32mo of 677 pages. Philadelphia and London: W. B. Saunders Company, 1913. Flexible leather, gold edges, $1.00 net; thumb index, $1.25 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

This is the eighth edition of this convenient volume; needless to add, it is up-to-date and therefore indispensable to the student.

Anatomy and Physiology—A Text-Book for Nurses—By John Forsyth Little, M.D., Assistant Demonstrator of Anatomy, Jefferson Medical College, Philadelphia. 12mo, 483 pages, with 149 engravings and 4 plates. Cloth, $1.75 net. The Nurses' Text-Book Series. Lea & Febiger, publishers, Philadelphia and New York, 1914.

A clear definite knowledge of the essentials of anatomy and physiology are necessary to enable the nurse to intelligently do her part in helping to restore the abnormal to normal. This volume will be found valuable by all nurses. The subjects are here so clearly and concisely presented as to be readily grasped and remembered, and the questions at the end of each chapter are helpful for review. A glossary explains all technical terms.

A set of abridged text books on "First Aid" has been prepared by Major Charles Lynch, Medical Corps, United States Army. This is known as the Lynch Set. All are prepared and endorsed by the American Red Cross. They are well illustrated and furnish most practical courses of instruction suited to the needs of those for whom they are prepared.

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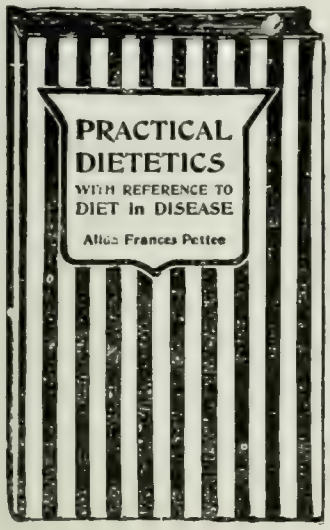

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At Christ Church, Vancouver, B.C., January, 1914, Miss Eva Allan, graduate Royal Jubilee Hospital, Victoria, B.C., to Mr. David Power, of Kamloops.

At St. Jude's Church, Winnipeg, Manitoba, on September 4, 1913, Miss Ethel C. Smith, graduate of St. Luke's General Hospital, Ottawa, Class '10, to Mr. L. A. Ernest Moulds, of Winnipeg, formerly of Ranikhet, India.

At St. Paul's Presbyterian Church, Brandon, Manitoba, on 21st January, 1914, by Rev. R. S. Laidlaw, Margaret McGowan, graduate of Brandon General Hospital, class '08, to Benjamin Arthur Hopkins, M.D., of Marcelin, Sask.

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At 178 Geoffrey St., Toronto, on January 17, 1914, to Mr. and Mrs. H. H. Fullerton, a daughter. Mrs. Fullerton (nee Miss Jessie Hunter) is a graduate of the Hospital for Sick Children, Toronto, class '06.

On December 28th, 1913, at Ottawa, to Dr. and Mrs. E. Brunet, a son. Mrs. Brunet is a graduate of the Ottawa General Hospital.

On January 15, 1914, at Calgary, Alta., to Dr. and Mrs. Fisher, a son. Mrs. Fisher (nee Miss S. V. Henderson) is a graduate of the Lady Stanley Institute, Ottawa, class '04.

At Kingston General Hospital, on December 6th, 1913, to Rev. and Mrs. Hollingsworth, of Maberly, a son. Mrs. Hollingsworth (nee Miss Meldrum) is a graduate of Kingston General Hospital, class '09.

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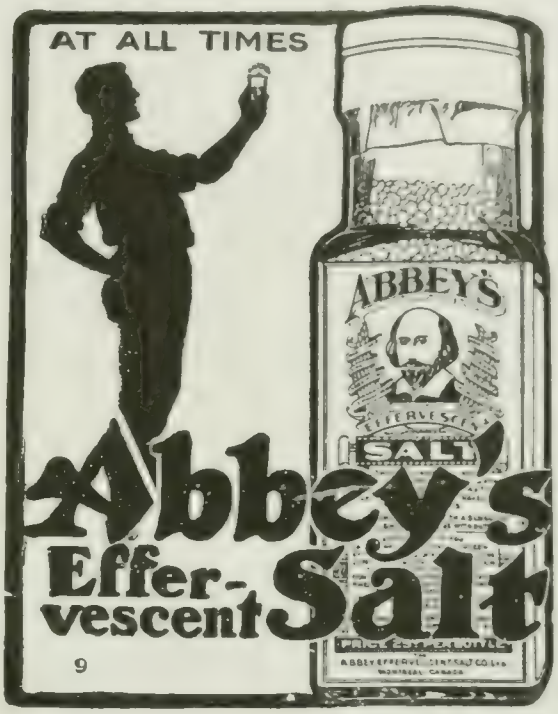

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. X. TORONTO, APRIL, 1914. No. 4

MEDICAL ASEPSIS*

By EDWARD FIDLAR, B.A., M.B.

Chief, Division of Pathology, Bacteriology and Parasitology, Institute of Public Health, London, Ontario.

Asepsis is usually understood by nurses to mean the absence of disease-producing germs, and while for practical purposes this meaning is correct, it is well to bear in mind that under the conditions in which many materials are prepared before being made aseptic, bacteria in greater or lesser numbers are deposited upon those materials and their dead bodies must be present there after the sterilizing process. Therefore more strictly, asepsis is the absence of living bacteria.

An antiseptic substance is one which prevents the growth of bacteria without of necessity killing them, and a germicidal substance is one which destroys bacterial life. These definitions should be kept distinct.

The natural inclination of the nurse is to connect the term asepsis with surgical technique, and indeed the association of the words is so strong that it becomes necessary to use a qualifying term to indicate that asepsis has an application to any other branch of medicine: hence medical asepsis. Asepsis is even more potent a factor in the successful management of a case of infectious disease than in the performance of a surgical operation. It is common knowledge that a person may cut a dirty finger, wrap a filthy rag and cobwebs around it and have as good healing as any "first intention" wound made by a good surgeon. It is surprising to find sometimes that a dose of billions of living staphylococci may be injected directly into the peritoneal cavity of a guinea pig without causing any apparent inconvenience. Equally astonishing is to inject a large dose of streptococci recently isolated from as abscess in man into the blood stream of a rabbit and find that the animal does not die. On the other hand, if the cut finger occurred on the hand of a pathologist performing an autopsy on a case of streptococcic septicaemia, and the injury was treated with the same contempt, a probably fatal blood-poisoning would result. It is true, too, that other strains of staphylococci and streptococci might be fatal to the guinea pig and rabbit in comparatively minute doses. But still it

*Address to Nurses' Alumnae Association of Victoria Hospital London, Ont.

may be said that at a surgical operation there may not always be a bacterium capable of causing trouble. This is in marked contrast to the infectious diseases, for here a specific germ is ever present, successful in having produced disease in one person and capable under ordinary conditions of reproducing the same disease in a second person.

Now to properly appreciate medical asepsis this point of the specificity of infectious disease must be kept firmly in mind. Diphtheria is not due to the inhalation of sewer gas but to the diphtheria bacillus; typhoid is not due to swampy water but to the typhoid bacillus; consumption is not due to "colds that settle on the lungs," but to the tubercle bacillus. An infectious disease is a matter of the transfer of the specific infective agent from person to person.

But before disease occurs that infective agent must be (1) virulent, (2) transferred in sufficient numbers, (3) it must enter the body by the right path, (4) it must overcome what general and specific resisting forces the body may possess. To understand virulence, let us return to the examples afforded by animal experimentation. The mouse is usually very susceptible to the pneumococcus, but with some strains nearly a cubic centimeter of a broth culture will be necessary to produce death. On the other hand, another strain may be found which will kill a mouse if given in a dose of only a millionth of a drop. The second culture is said to be more virulent than the first.

Virulence then is the degree of power to produce disease, and it is intimately connected with the number of the germs introduced. The higher the virulence the smaller the number necessary, so that the highest virulence is where one germ can reproduce the specific disease. This height of virulence has actually been demonstrated by one experimenter who by a special mechanical device selected a single anthrax bacillus from under the microscope, injected this bacillus into a mouse and produced the fatal disease. It is possible, then, for one single germ to cause its specific infectious disease. The object of medical asepsis is to avoid even that single possibility.

The path of entrance of the germ is also of considerable importance. With few exceptions, surgical infections are wound infections, but medical infections are mouth infections. A streptococcus which, falling into a wound may cause a septicaemia, if taken into the mouth may have no effect. Virulent diphtheria bacilli in sufficient numbers to cause disease is taken in at the mouth, may fall upon the back of the hand, dry out and die or be washed off without producing any trouble.

The defensive forces of the body, which must be overwhelmed before disease appears, are both general and specific, the former directed against all germs, and the latter against each particular germ. The power of the infective agent to overcome these is also closely related to the property of virulence. General resistance is unimportant, for

virulent germs can readily overcome it, but they usually fail to be effective against that specific resistance which many of us possess by reason of having successfully passed through the particular disease once before. To be supplied with such specific resistance as by the immunization against diphtheria and typhoid fever is a wise practical measure for those constantly exposed to infection, since accidents will happen even in the best regulated aseptic nursing.

Equal in importance to the path of entrance of the germ is the path by which it leaves the body. Observations indicate that the germs of measles, mumps, scarlet fever, smallpox, chickenpox, whooping cough, pneumonia, diphtheria, and pulmonary tuberculosis, etc., leave the body chiefly by way of the excretions of the mouth and nose. The germs of typhoid fever, cholera, dysentery, intestinal and renal tuberculosis, for example, gain exit from the body mainly in the excretions of the bladder and bowel. This unpleasant deduction is then apparent, that a person who develops an infectious disease has had introduced into his or her mouth more or less directly the excreta of the nose, mouth, bowel or bladder of some other person. Aerial transmission of a contagious disease is a negligible factor, except as it may include the projection of the excreta of the mouth and nose into the air during talking, laughing, coughing or sneezing, when fine droplets remain suspended long enough to be inhaled.

Recognizing these facts with regard to infectious diseases, the nurse's safety and responsibility become of far greater importance than when dealing with operative cases. It was at one time and may still be not an uncommon practice to place cases of typhoid fever in wards with non-infectious diseases, to be cared for by the same nurse without special instruction. It is significant that statistics show nurses to be about eight times more liable to contract typhoid fever than the general run of people, and it is to be noted, too, that the majority of typhoid fever amongst nurses occurs in probationers or those in their first year of training.

Just here it might be well to suggest that there is not enough definite information given to pupil nurses in regard to the venereal diseases.

Such instruction should come preferably early in their course. If nurses are liable to contract typhoid fever in the wards, there is certainly some danger to them from cases of syphilis and gonorrhea. The germs of the former leave the body from the lesions of the throat and mouth as readily as from any other part of the body. The gonococcus is as dangerous from a conjunctivitis as from a vaginitis. Happily, prompt specific therapy seems quickly to render syphilis practically non-infectious, but until such treatment is given, grave

danger exists of communicating it to others, and it is a duty owing to every nurse to be told what sort of case she is caring for.

The principles of asepsis are the same whether applied to surgery or medicine. In the operating room attention is concentrated on keeping the wound clean. An instrument coming in contact with an unsterilized towel must be reboiled: a dressing touched by an unclean hand is discarded: the mouth is covered to prevent contamination of the wound by mouth spray. In the contagious ward, on the other hand, it is the nurse that must be kept free from infectious material; gloves may be worn to prevent the deposit of germs upon the hands, or at any rate the hands must be thoroughly washed after touching the patient; a gown prevents the access of germs to the nurse's uniform and must be removed when she leaves that patient; a mask may well be worn to prevent the direct inhalation of the patient's mouth spray. Thus the same principles are applied, objectively in the surgical ward, subjectively in the infectious ward. The nurse keeps the patient's wound aseptic in the first case, and keeps herself aseptic in the second case. If she can keep free from specific infectious material herself she will not carry an infectious disease to any other patient

This at once points to the possibility of treating different types of infectious diseases in the same ward under the care of the same nurse. Indeed this is not merely a possibility, but an accomplished fact. To support this statement I can do no better than refer you to an article in the Journal of the American Medical Association of November 22, 1913, by Dr. D. L. Richardson, superintendent of the Providence City Hospital. In this hospital and in some English and French hospitals, different kinds of infectious diseases are cared for in the same ward, the patients being separated either by barriers, or by incomplete partitions forming "cubicles," or by complete partitions forming small rooms opening upon a common corridor. While the methods of isolating the patient vary from one hospital to another, the method of caring for them is fundamentally the same, namely, aseptic nursing. I would recommend you all to read this article of Dr. Richardson's and I shall merely make here a few quotations of special interest. First: "Every new nurse and employee who has to go into the wards is thoroughly impressed with the idea that if he gets sick it is most likely his own fault and probably due to putting his fingers or something else contaminated in the ward into his mouth." Second: "The nurses all sleep in the same home and eat in the same dining-room. When off duty, they are allowed to leave the hospital as freely as from any general hospital." Third: "Rooms are never fumigated." These quotations are selected as indicating radical differences from some of our former notions of infectious diseases, and will, I hope, stimulate your curiosity to search

out and read the original paper, where the technique of aseptic nursing in Dr. Richardson's hospital is given in greater detail than I can give here. In conclusion, however, it may be stated that this medical asepsis depends upon these basic facts:

(1) Infectious diseases are due to specific germs.

(2) These germs occur in the discharges of the diseased person.

(3) These germs are so accustomed to growth in the human body that they can exist only a short time outside the body.

(4) These germs do not have wings, but are absolutely dependent upon forces outside themselves to transfer them from patient to prospective patient.

Medical asepsis, boiled down to concentrated proportions, is very largely a matter of obedience to a simple command which your conscience should be constantly shouting: "Keep your hands clean."

NURSING EXOPHTHALMIC GOITRE AT ST. MARY'S HOSPITAL, ROCHESTER, MINN.

After spending two and a half years in special surgical work, at St. Mary's Hospital, I found the nursing of exophthalmic goitre most interesting. Of course, the nurse who undertakes the care of a patient suffering from exophthalmic goitre, should have experience in the care of nervous patients. She should establish in the mind of her patient at the very outset of her work a perfect confidence in her ability; the patient must be carefully guarded from over-exertion and excitement such as reading aloud, long conversations, etc., so her care before or after the operation is directed mainly towards keeping the patient quiet. Rest in bed is most essential, and if sitting out of bed is permitted, a wheel chair comfortably arranged for reclining is a delightful change.

Here are a few notes taken from a lecture Dr. L. B. Wilson very kindly gave the nurses on treatment before operation. Young patients, where the heart action shows uneven tension and irregularity, belladonna and quinine is ordered for temporary improvement. The X-Ray is applied over the gland, an ice cap over the heart held in position with a bandage may assist in quieting the pulse and gives great relief.

Usual preparation before operation—Soap-suds enema (no cathartics are given); morphia gr. 1-6; atropine gr. 1-150, are given hypodermically twenty minutes before operation. In ligation cases, where symtoms are severe and conditions unfavorable for operation, the blood vessels supplying the thyroid gland are ligated, one side at a time, with perhaps a week's interval, under local anaesthesia cocaine, and later the extirpation of the gland. One hour before ligation cases, morphia gr. 1-6, scopolamine gr. 1-120 to 1-150 is given. The patients are dressed in their own clothes: Ladies, nightgown, light petticoat and stockings; gentlemen, pyjamas, or under-drawers, nightgown, and stockings; taken up to O.R.; gauze completely covering the hair is tied over the

head. Nightgowns are replaced for the time of operation with loose cotton jacket. In order to relieve the upper portion of the body from blood, the patient is placed in reverse trendelenberg position for profound anaesthesia, very little ether is necessary when the morphia and atropine have been given. Atropine relieves the mucus from the trachea during the operation.

After the operation the most helpful assistance is afforded the nurse. A slip with every detail is made out by the anaesthetist, pinned to the patient's gown, and so sent back to his room. This report is indispensable, and most acceptable to intelligent nursing such as exophthalmic goitre requires. The nurse is thus prepared for emergencies, otherwise she might have many anxious moments.

Treatment Three pillows with mackintosh and pad for protection. The patient is in half-sitting posture supported by knee pillow used by the St. Mary's Sisters, which is very conveniently made as follows: Take four to five yards of dressing gauze folded four times lengthwise, thus forming a scarf or bandage four or five yards long: around the middle of this bandage as centre is rolled a mattress protector: this consists of a quilted cotton pad size of a hospital bed mattress. The roll when complete forms a cylindrical pillow about three feet long by 26 inches in circumference from the ends of which project about six feet of bandage. These two ends are tied to each side of the head of the bed. This pillow is covered with single draw sheet and the whole can readily be taken apart and washed. Saline enema (normal salt), one quart, given slowly under light pressure for two hours, rest two hours, and continue until six quarts are given in 24 hours: for 48 hours and longer if patient is unable to take fluids freely. The salines are kept hot with glass hot water bottles placed in the ordinary enema can. The tube leading from can to rectal nozzle indicates the temperature of the saline. If the tube be four or five feet long, and hot, the nurse can rest assured the saline is properly given. Water is given to drink as soon as possible.

If symtoms are severe and salines are not retained per rectum, hypodermiclysis is employed, ice cap placed over the heart and kept on continually. Digitalis may be ordered for irregular, rapid pulse, atropine gr. 1-150 per hypo. for troublesome cough, irritation of the trachea and excessive sweating. Soreness between the shoulders and back of head can be relieved with hot water bottles. Temperature may be elevated for two or three days, pulse rapid, 180 falls 110-80 in a week or so. Restlessness, nervousness, fine tremor of hands and fingers subside to a great extent in three or four days. Diet is increased daily, out of bed in four or five days, leave the hospital for sanitorium in ten days. Patients are still bathed in bed twice daily. Mild laxatives are now given.

At no time during the first 48 hours must a nurse feel safe to sleep with both eyes.

Assurance and calmness will mean much to the recovery of the patient.

Finally a word as to registration—this has nothing to do with nursing exophthalmic goitre—but I would like to emphasize its importance. During my two and-a-half years' stay in Rochester I met a large number, possibly three or four hundred progressive nurses from all over the world, of those from the United States practically all were registered nurses. Indeed, registration has become so important in the United States that a non-registered nurse is considered decidedly second-class. —E. Weber Herman, R.N. (Class '06), in Nurses' Alumnae Journal of Winnipeg General Hospital.

Miss Violet L. Kirke, Halifax, N.S.

We take pleasure in introducing to our readers Miss Violet L. Kirke, President of "The Canadian Society of Superintendents of Training Schools for Nurses."

Miss Kirke's active interest in the profession has been apparent in the steady advancement in the educational standard in the Training School of which she is Principal; in her faithful, persevering work in The Graduate Nurses' Association of Nova Scotia as Secretary since

its inception; in her work for Registration of Nurses, as well as in her hearty co-operation in dealing with all questions that vitally affect nurses and nursing education. It was only fitting that the Superintendents' Society should honor itself and recognize Miss Kirke's valuable work and untiring energy in the interests of the profession by appointing her its President. Her rich and highly developed personality, her tact, judgment and untiring enthusiasm, and her broad grasp of the problems of the profession, make the choice a peculiarly happy one.

Before entering nursing Miss Kirke was a teacher in her native province—New Brunswick—for ten years, having graduated from the Provincial Normal School at Fredericton, N.B., in 1891. Then, having decided to become a nurse, she enrolled as a student in the Massachusetts General Hospital Training School for Nurses, from which institution she graduated in 1905.

On graduating, Miss Kirke accepted the position of Superintendent of the Fowle Memorial Hospital, in Washington, North Carolina. In December, 1907, she left this position to accept her present one of Superintendent of Nurses, Victoria General Hospital, Halifax, N.S.

We trust that many nurses are planning to go to Halifax in July. It will then be your privilege to meet Miss Kirke and talk with her face to face.

THE NIGHTINGALE CHAIR OF NURSING

The magnificent gift of 100,000 guineas made by Sir Hildred Carlile to the Endowment Fund of Bedford College, London, as a memorial to his mother, Mrs. Edward Carlile, will have far-reaching influence on women's education and evolution. The college, which has always held a foremost place amongst the women's colleges in this country, and is affiliated with London University, is now located in magnificent buildings in Regent's Park, costing £100,000, opened last year by Her Majesty the Queen. The nucleus of an Endowment Fund of £150,000 was formed by the surplus of the sum raised for the new building in connection with an appeal made by Lord Haldane, President of the Fund, and those associated with him.

Sir Hildred Carlile's gift will go far towards providing the entire sum asked for. No conditions are attached to the splendid gift except that no part of it is to be used for building purposes.

Lord Haldane in acknowledging it has voiced the opinion of many women, as well as his own, in characterizing it as "splendid and generous," and adding, "no nobler memorial to Mrs. Edward Carlile could have been established. You have placed this great college on an enduring foundation, and have thereby given great cause for gratitude from many who are much interested in its work, and from the public."

The immediate result of Sir Hildred Carlile's gift will, it is hoped, be an increase in the number of professorial chairs at the college, and it seems that no more suitable opportunity could occur to press for the recognition of the establishment of a Chair of Nursing. £600 a year is required for the endowment of a chair, but as the salary of the head of a department, of £400 a year, is saved in consequence, the balance required is £200 per annum for each new chair. By the establishment of a Chair of Nursing not only would the educational character of nurse training be thus emphasized, but no more suitable memorial could be raised to Miss Florence Nightingale, whose "supreme weapon," in the words of Miss Dock, "was education." The International Council of Nurses has already determined to raise funds for an International Memorial to Miss Nightingale to take the form of a Florence Nightingale Chair of Nursing, in connection with an English University, and nothing would stimulate more the contributions collected by the various National Councils, which will present their offerings to the President, Miss Goodrich, at the meeting in San Francisco next year, than the knowledge that their gifts would be supplemented by an authority ready to found the chair. Further, nothing could give greater encouragement to the well-trained nurses in this country, who have worked so strenuously for the uplifting of their profession, than to know that this recognition had been accorded to a profession which is proving itself increasingly indispensable both to the State and to the Community.

Nursing, in common with other branches of women's education, has suffered from the lack of those endowments which have been so generously bestowed in past centuries, and down to the present time, upon men's colleges and universities; for education is a costly matter, and the fees which pupils can afford to pay will never provide for the whole of the teaching required without additional endowments from those who recognize the supreme importance of thorough education to the community at large. This has been demonstrated in the case of medical education, for the endowment of which large sums have been given, and the education of midwives is assisted by scholarships given by public bodies.—*The British Journal of Nursing.*

THE NURSE.

By M. Q. O'Brien.

The profession of nursing occupies such an important place in the world of medicine and surgery, that a few words regarding the nurse and her work may be of interest.

The relationship between the medical profession and that of nursing is a very intimate one, as they both have for their highest aim, "to serve suffering mankind." In all ages woman, by her innate sym-

pathy and natural aptitude, has been foremost in the care of the sick. The power of the nurse in the management of disease is a recognized factor. When one thinks of the work of Florence Nightingale and numberless others, who have done so much for suffering humanity, we realize, in a marked degree, the infinite possibilities and nobility of the work of the nurse.

Man is God's noblest creature. Truly, then, caring for suffering mankind is a noble work.

Few people realize how difficult and exacting are the duties of the nurse, and fewer still appreciate the sacrifices she makes. But her reward comes in the knowledge of duties well and faithfully performed.

"It is easy enough to be pleasant
When life goes by like a song,
But the woman worth while
Is the one who will smile
When evèrything goes quite wrong;
For the test of the heart is trouble
And it always comes with the years,
And the smile that is worth the praises of earth
Is the smile that shines thro' tears."

The nurse must always be a student. Knowledge is power, and the acquisition of additional knowledge is essential in the practise of any profession, but particularly so in one in which changes take place so rapidly as in that of nursing. The science of medicine and surgery is making such rapid strides, that it behooves the nurse to keep pace with it, and this can only be done by study and by utilizing all that is learned from experience.

The nurse and her work have often been made the theme of poetry and romance, but the reality is infinitely prosaic. There is little romance in soothing a pain-racked body, or ministering to a mind diseased.

In her mission of alleviating pain, the nurse enters not only the homes of the sick, but reaches the hearts of the inmates, and by her example of high thinking and right conditions of living, can influence them to follow all that is highest and noblest in life. Her influence will not alone be felt by those with whom she comes in contact, but will show itself in the character and physical well-being of future generations.

The profession of nursing being one of the noblest vocations in life, the nurse should be a thoroughly Christian woman, wholly alive to the spiritual as well as physical needs of those entrusted to her care. She must ever remember that while soothing and healing the suffering body, she can do much to turn the thoughts of the patient to God and the consolations of religion, and in so doing will well merit the title so often given, the "White capped angel of mercy."

INTERNATIONAL CONGRESS OF NURSES

With 6,000 Delegates Attending, to be Held Upon the Grounds of the Panama-Pacific International Exposition at San Francisco in 1915.

A Congress of over 6,000 of the most representative nurses of all nations of the world will meet in San Francisco upon the grounds of the Panama-Pacific International Exposition in June, 1915, and will spend one week in consideration of the problems of their profession, using the exhaustive exhibits touching upon their work to be found in the Departments of Education and Social Economy, and in the Palace of Liberal Arts as working laboratories.

As these exhibits will be the most inclusive and significant along their particular lines ever assembled, and as this will be the largest and most representative gathering of nurses of all the world ever held, this Congress will doubtless have greater results in the promotion of the alleviation of human suffering than any similar gathering in the history of civilization.

This Congress will consist of the joint conventions of four great associations of nurses: The International Council of Nurses, in which fifteen nations are represented, including England, Ireland, Germany, France, Belgium, Italy, Australia, China, Cuba, and others. The American Nurses' Association, with a membership of 22,000 nurses; The National League for Nursing Education, with 12,000 members; and the National Organization for Public Health Nursing. To these four organizations, the California State Nurses' Association will act as host. Over 6,000 accredited delegates from these various bodies are expected to attend the convention, which will open May 31 and close June 5, 1915.

Space has already been allotted in the Palaces of Education and of Liberal Arts for exhibits by nurses and nursing associations, and these will consist of hospital appliances, conveniences and improvements; methods of keeping records for the inspection of superintendents of hospitals and head nurses, and registration charts for the compliance with State laws for registering nurses; statistical surveys of public health and hygiene; reports of recent legislation in promotion of public health, and the results of the same, and formal recommendations for further legislation; exhibits of literature written by nurses, such as histories of nursing, scientific treatises, and biographies of famous nurses.

Prizes have been offered for the best inventions by nurses exhibited at the Exposition. The contest will be in connection with the convention, and may be entered by any nurse of any of the fifteen nations represented in the International Council of Nurses. Any invention of any hospital appliance, or mechanism for the simplification of procedure in nursing, or the heightening of the comfort of patients, may

be entered, so long as the inventor is a nurse. Miss Genevieve Cook, President of the American Nurses' Association, has announced that Miss Jane A. Delano, prominent in both the national and international organizations, has offered a first prize of $100, and a second prize of $50 for such inventions, and the amounts of these prizes will doubtless be greatly increased later from other sources.

But the interest of the delegates to the Congress will by no means be confined to exhibits by other nurses. In the Palace of Liberal Arts the exhibits by manufacturers and producers in medicine and surgery, and in chemical and pharmacal arts, will represent all the very latest improvements in apparatus, formula and procedure. In fact, many interesting inventions and discoveries will here be made public for the first time.

In the medicine and surgery groups the exhibits will include: Appliances, instruments and apparatus for work in anatomy, histology and bacteriology; anatomical models, normal and pathological, histological and bacteriological; apparatus for sterilizing instruments and dressings; instruments and apparatus for general, special and local surgery; electricity as applied in therapeutics and surgery; X-ray apparatus; electric sterilizers, ozonizers; apparatus for plastic and mechanical prosthesis and for special therapeutics; chests and cases of instruments and medicine for rendering first-aid to wounded on field of battle; ambulance service and equipment, and the like.

In the chemical and pharmacal arts in this palace will be shown many appliances for sterilization and sanitation, including equipment and processes used in treating waste matter from factories with a view to permitting their return to water courses or the atmosphere; disinfectants and their standardization; drug preservation and sterilization; drug adulteration, and methods of detecting the same.

Probably greater interest still, especially to nurses connected with public health service, tuberculosis prevention stations, social settlements and the like, will centre in the exhibits of the Department of Education and Social Economy housed in the Palace of Education.

Here the exhibits, for the greater part, will be living exhibits, showing actual methods of procedure wherever possible. Classes illustrating methods of educating the sub-normal; including defectives and delinquents, the blind, the deaf and dumb, and the feeble-minded; and special schools for cripples and open-air classes for tuberculous children, in which actual children will be shown under the care and supervision of experts, will be conducted in especially equipped classrooms. There will also be special lectures and class work in physical training of children and adults, methods of school ventilation and sanitation, etc.

In the department of Social Economy, the statistical exhibits bearing upon eugenics, demography, and the physiological and other effects

of alcohol, drugs and tobacco, will show the last results of the most recent researches along these lines, and particularly attractive to the student will be the exhibits in state and municipal hygienes, public health laboratory work, industrial hygiene and occupational diseases, of this department.

The Emergency Hospital, situated upon the Exposition Grounds, will, under the direction of Dr. R. N. Woodward of the United States Marine Medical Service, be conducted as a model hospital, with demonstration wards in operation throughout the entire period that the Exposition is to remain open.

However, the programme of the convention will not consist entirely of the study of professional problems. Two great pleasure outings by the convention in body are planned, the first to begin with a great educational meeting in the famous Greek Theatre upon the campus of the University of California, at Berkeley, at which the faculties of this University and that of Stanford University will be present, and at which several of the foremost women of the profession will deliver addresses.

All the undergraduate nurses in hospitals in the counties surrounding the Bay of San Francisco will be especially invited to attend this meeting, and there will probably be in all over 12,00 nurses present. A feature of the programme will be the presentation of contributions by the nurses toward the fund for the establishment in London of a Nightingale Educational Memorial, in honor of Florence Nightingale, similar to the Department now existing in this country at Columbia University, New York.

After the adjournment of the outdoor meeting, a trip by chartered boats about the most beautiful points of the bay will be made, terminating at nightfall opposite the Exposition Grounds, where, after witnessing the wonderful illumination effects from the water front, the nurses will disembark at the exposition ferry slip.

Another excursion through the famous giant redwoods of Muir Woods, and to the top of beautiful Mount Tamalpais, is planned for the last day of the convention.

The great main hall of the new Auditorium at the Civic Centre of San Francisco, seating over 10,000, will be placed at the disposal of the convention for general meetings of the Congress.

Another feature of the programme will be the arrangement for separate meetings during the week of each of the various State organizations of nurses represented in the General Assembly, that preparations for urging matters of local interest at the general Congress may be made.

The "1915" Committee on Arrangements is to meet again in April of this year (1914) to complete further details of the programme for

announcement at the joint annual convention of the three American National Organizations at St. Louis, April 23-29 inclusive.

Among the women who are interested in preparing the programme for the great 1915 convention, and who will attend, are: Mrs. Bedford Fenwick of London, Founder and Honorary President of the International Council of Nurses; Miss Annie W. Goodrich of New York, Assistant Professor in the Department of Nursing and Health, Teachers' College, Columbia University, and President of the International Council of Nurses; Miss Genevieve Cooke of San Francisco, President of the American Nurses' Association; Miss Jane A. Delano, who has offered prizes for nurses' inventions; Miss Clara D. Noyes, President of the National Organization for Nursing Education; Miss Helen Parker Criswell, Chairman of the Committee of Arrangements; Miss Riddle, Editor of Nurses' Department of Modern Hospital Magazine, and Superintendent of Newton General Hospital, Massachusetts; Miss L. L. Dock, Honorary Secretary of the International Council of Nurses; Miss E. P. Crandall, Executive Secretary of the National Organization for Public Health Nursing; Miss S. F. Palmer, Editor of the American Journal of Nursing; and Miss M. A. Nutting, Professor of the Department of Nursing and Health, Teachers' College, Columbia University, and Chairman of the Nightingale Memorial Fund in America.

THE FIELD OF MENTAL HYGIENE

Mental Hygiene is a emparatively new term, very admirably selected as including both the ameliorative and the preventive aspects of effort to combat mental disease. For some years the hospitals for the insane in the various States have had on their staffs men who have a modern appreciation of the insanities as to some extent preventive and curable afflictions. This hopeful and cheering point of view is not only not yet shared by the general public, but is not even known to the great mass of the people. To preach this gospel, and to help the individuals most concerned, is the mission of the Societies or Committees for Mental Hygiene now extant or in process of formation.

The history of this movement is brief but inspiring. It originated with the founding of the Connecticut Society in 1908, due to the inspiration of the book, "A Mind That Found Itself," and to the zeal of its author, Clifford W. Beers. One year later a National Committee was founded, which deals with investigations of a national scope concerning the laws, treatment, extent, causes, etc., of mental disorders. Following this came the establishment successively of Societies or Committees in Illinois, New York, Massuchusetts, Pennsylvania, and Maryland. In addition to these, interest is aroused, and organization is being discussed in New Jersey, North Carolina, Maine, Rhode Island, Texas, Indiana, Louisiana, Michigan, and California.

What does all this signify to nurses? A new field of work is opening up to view and a special type of worker is needed to make the furrows straight and to sow the seed wisely. In the early days of any great movement the burden of responsibility on the pioneer workers is equalled only by the magnitude of their opportunity. The social service work of advice and comfort to the families of those afflicted, of mental support to those on the brink of mental collapse, of supervision and aftercare of discharged patients, is the work which most readily gains the interest and support of a community. The value to individuals thus proved, educational work for prevention is made easier. Who so well fitted for this specialized social service as a well-trained nurse, who, by her long contact with the vagaries of advanced neurasthenia and by special experience with diseased minds knows how to appreciate the attitude and needs of both the patient and his family? This is a form of social service which assuredly demands a high grade of professional training in the hygiene of both body and mind, while the distinctly social aspects of the problem require also adequate preparation.

Surely the challenge to the nursing profession to bring the ripe experience of a general training to the study of mental disease has never sounded so loudly as to-day. Not alone for the elevation of the standards of nursing in the institutions for the insane, but among the vanguard of the army of those who will work to overcome the prejudices and ignorance of the general public, is the highest type of nurses demanded. The social service activities of the Mental Hygiene Societies are but one phase of the work. The campaign of education is a vital part of the movement. This requires that the subject should be clearly presented at meetings or before clubs, and by written articles, and that the interest of the community should be gained by sympathetic co-operation with existing philanthropic organizations. These diverse services will not always be demanded from the same person, but during the formative years of these new societies, it is probable that the pioneer workers will be expected to "play many parts." While the responsibility is heavy, the variety of the work makes it a stimulating and interesting position. The cry already is, "Where shall we get the right woman for the place?" Such an opportunity for independent constructive work comes seldom. Will not the Hopkins nurses prove again that the pioneer spirit is strong in our ranks? Many of our graduates have had experience in district work, some have added to that an education in social service, and the means are close at hand to acquire the needed familiarity with mental problems. With the post-graduate course offered at the Phipps Psychiatric Hospital, or the course available at the Sheppard and Enoch Pratt Hospital, Baltimore nurses have within easy reach unusual opportun-

ities for training. For any who wish to acquire a necessary training in the fundamentals of social work, and at the same time gain an insight into normal and abnormal psychology, Teachers' College, Columbia University, offers many valuable courses of lectures, and can obtain field work for special students in connection with New York hospitals.

The claims of this work will not be satisfied by the few who undertake the constructive work of these new societies. There is an increasing appreciation of the value of "after-care," and progressive hospitals for the insane are adding to their force special workers, who help to re-establish discharged patients in the ordinary routine of life, and have many opportunities of personal service. Shall we by our indifference and apathy allow this work, so distinctly a field for women trained by contact with the sick in mind and body, to be turned over to those whose experience is limited to a social training, or shall we recognize the shadow of coming events, and prepare for the demand which is coming from all quarters?

What is required of the pioneer workers? Tact, personal initiative, the ability to work in harmony with other agencies, a good nursing education, experience in non-institutional work, some ability to speak in public, thorough understanding of the principles of social work, and special training in mental disease. Details of the work and a forecast of the opportunities may be obtained from the office of The National Committee for Mental Hygiene, 50 Union Square, New York City. Will not some of our graduates make ready to play a creditable part in the great movement for mental hygiene which is spreading over the country, and so improve on the efforts of one now struggling with the problem?—V. M. Macdonald, in *The Johns Hopkins Nurses' Alumnae Magazine.*

THE SCHOOL NURSE

Dr. Thomas A. Woodbury thus summarizes the benefits of the work of School Nurses:

(1) A decrease in the spread of contagion. (2) They teach the parents, family and children, cleanliness and personal hygiene. (3) They instruct the mother in the care of her children and impress on her the benefits to be derived from cleanliness, fresh air, and right living. (4) They render more effective the efforts of the Medical Inspector, visiting the homes of the children and reporting information of the conditions found there. (5) They frequently find cases of deprivation and disease in the home which would otherwise go undiscovered and the work of the Medical Inspector would be of little advantage in the school. (6) They make it possible to treat cases of minor ailments in the school. . . . The Medical Inspector cannot give the time to following the cases into the home. In some cases he

won't do it. In other cases the families are afraid of the physician and will hide the children. The nurse, on the other hand, is welcomed and allowed to do whatever is necessary."

The first pre-vocational school in Canada was opened in Calgary at the beginning of the year. There was an enrollment of 85 pupils—39 boys and 46 girls. The pupils spend half of each day at academic work and the other half at some form of industrial activity. Pains are taken to learn the child's bent. The girls learn cooking, sewing, laundry work and general housewifery; and for the boys advanced types of manual training in woodwork, simple metal work, and a printshop are provided. A third side of the work is that leading to office occupations. To that end shorthand will be introduced, and

DR. DOHERTY, Dental Inspector, Toronto, at work in the Dental Clinic in Queen Alexandra School. This equipment was installed by the School Nurses.

much of the work in arithmetic and other subjects will have a bias towards commercial and other pursuits. Drawing will be emphasized throughout the course, as it is a means of education which is more and more being recognized as having enormous value as a measure of training and development.

This pre-vocational system aims to help those who have to leave school early to enter the industrial world. Care is taken to put no bar in the way of the child who wishes to go on to the higher schools. It is hoped, too, to lengthen the educational period for all children.

Editorial

HALIFAX, 1914

The eighth annual meeting of The Canadian Society of Superintendents of Training Schools for Nurses, and the fourth of The Canadian National Association of Trained Nurses, are to be held in Halifax, Nova Scotia, in July, 1914.

It is hoped that a large number of nurses from all parts of Canada will avail themselves of this opportunity to visit this historic old "City by the Sea."

It is, no doubt, a familiar fact that it was in 1749 that Lord Cornwallis here erected his log cabins and surrounded them with palisades. Ten years later, St. Paul's Church was built, which is still used for worship. It is the oldest Protestant Church in Canada. The Province Building was completed in 1819. Here we find the Provincial Library, and in the Council-chamber several valuable portraits of English Sovereigns, and others. Dalhousie University was founded by the Earl of Dalhousie in 1821. Halifax is the most strongly fortified British seaport in America. Over a century ago Fort George, on Citadel Hill, which is 250 feet above the level of the harbor, was begun under the supervision of Prince Edward, Duke of Kent. On the slope of this hill stands the old clock tower, also built by the Duke. Since Halifax was for many years the chief British military and naval station in America, it still remains perhaps the most thoroughly English city on the continent.

The Memorial Tower, recently erected by the Canadian Club, to commemorate the establishment of Responsible Government in Nova Scotia, may be seen just across the picturesque north-west arm of the harbor. Other places of interest are the Public Gardens, Point Pleasant Park, and several churches, schools, etc.

In coming to Halifax from the other provinces, the traveler may leave the railway at St. John, N.B., and cross the Bay of Fundy to Digby. The crossing requires only about two and a half hours, and makes a pleasant change even for the doubtful sailor. Leaving Digby by rail, the beautiful Annapolis Valley, with its fertile dyke-land farms and splendid apple orchards, is traversed. Some interesting towns are passed en route—Kentville, with its Provincial Sanitorium for the treatment of tuberculosis; Wolfeville, with Acadia University; while at Windsor we find King's College, which is the oldest University in British Overseas Dominions. At Grand Pre, one is in the heart of the Land of Evangeline, where the old well, called by Longfellow "Evan-

geline's well" and "the willows," are but a few rods distant from the railway.

Those who may be planning a vacation in July will find healthful summer resorts, at which they may spend their time restfully and pleasantly.

To all who will come a very hearty welcome is assured from the nurses of Halifax.

In the next issue of "The Canadian Nurse" we will endeavor to give some idea of what is in prospect for the meetings.

V. L. K.

Nurses attending the convention are instructed by the Secretary to buy first class tickets to Halifax and to ask for a standard convention certificate. These certificates will be vised at Halifax (cost 25 cents) and will entitle holder to a one-third fare return ticket. Fuller particulars to be given in next issue.

YOUR DELEGATE

The Canadian National Association of Trained Nurses has not so far been really national in anything but name. This is no fault of the officers, who have worked so nobly to make it national in character, in work, in representation, as it already is in aims and ideals. But the officers alone cannot accomplish all their hopes and plans for the nurses of Canada without the co-operation of the nurses themselves. The advancement of the profession means as much to the rank and file of the members as it does to the officers. Then it follows, that the members cannot conscientiously leave the officers to struggle alone to attain the aims and ideals of the National Association. You must support them. And that support must be real, vital, tangible, to be valuable.

How Can Such Support be Given?

Every association of nurses in Canada should contribute its quota of strength to the National Association by being affiliated with it.

Then, too, every association should rise to its duty of sending one or more delegates to the annual convention. And this is no imaginary duty that may be lightly brushed aside, for in no other way can each association do its part towards the up-building of the profession nationally and foster the national spirit in its own ranks. It is not enough that each association attain success in its own work. There is a broader obligation that must be recognized and broader duties that should not be neglected.

And each association should contribute something to the convention. There is a question on which your members want information. Then see that it comes up for discussion.

Send your delegate, see that she has your contribution to the convention, and its success in every department will be assured.

THE INTERNATIONAL MEMORIAL TO FLORENCE NIGHTINGALE

The International Council of Nurses decided, at the Cologne Congress, to raise funds for an International Memorial to Florence Nightingale, the memorial to take the form of a Chair of Nursing in connection with an English University.

The various National Councils in affiliation with the International, are taking steps to have their contributions ready for the 1915 Congress in San Francisco.

The nurses of Great Britain and Ireland are working indefatigably to collect a goodly sum, which will do them credit at the Presentation Ceremony.

The nurses of New Zealand are busy too. They call theirs the Shilling Fund. Speaking on this subject *Kai Tiaki* says: "The American, Canadian, Australasian, and Indian Nurses Nurses' Associations are joining in this great object, to have some such recognition of the profession of nursing in that greatest city of the world, which all British people must feel belongs to them, whether far away or near. We hope when the next International Meeting is held at San Francisco the New Zealand Nurses' contribution will be ready."

In the United States, Miss Nutting is convener of the committee that has this matter in hand. This is sufficient guarantee that the work will be well and faithfully done.

The nurses of Canada have not yet been called upon by the National Association for any concerted action in connection with the Florence Nightingale Memorial. That they will respond when called upon, and respond willingly and nobly goes without saying. But the time is getting very short now, and the work such as cannot be done hurriedly, so there is need of immediate action.

Education Day is to be a special feature of the Congress. Miss Dock, in giving an outline of the plans for Congress week, in *The British Journal of Nursing* says:

"I have purposely left the most important day to the last. Wednesday is to be Education Day. There will be a working program on the Fair Grounds in the morning, and for the afternoon we shall go a little distance to Berkeley, seat of the University, and in the beautiful Greek outdoor theatre we shall make our offerings to the Florence Nightingale Memorial Fund.

It was decided to concentrate our energies on this fund and event. The recent appearance of that enthralling biography, Sir Edward Cook's "Life of Florence Nightingale," brings home with fresh emphasis the immense debt of the world to that statesman-like woman, and every nurse should on that day give recognition of what she owes

her. Not only as a great nurse, sanitarian, and teacher, but also as a conscious emancipator of women we must now recognize her—one who purposely labored to set free the powers of women for useful careers. Hitherto, the memorials set up to her have been inanimate ones. Nurses will found a living memorial, which will offer to women of the future opportunities to fit themselves to carry on her work. It is planned to have nurses of every country, race, and creed join in bringing gifts, large or small, and to have them wear uniform and carry banners showing their national or State flags. Miss Goodrich plans a procession, and she and Miss Nutting proposed, what all of us warmly applauded, that the gifts should be received by the woman who first suggested the memorial, at our banquet in Cologne, who has ever worked untiringly for the higher levels of equipment for nurses as public forces of untold usefulness, and whose quick energy will leave no stone unturned until a Florence Nightingale Chair of Nursing and Health shall be fitly housed in some English College, and open to nurses of all the world. This is Mrs. Bedford Fenwick, the Founder of the International Council of Nurses."

The account which appears elsewhere of the generous gift of Sir Hildred Carlile in memory of his mother, to the endowment fund of Bedford College leads us to hope that THE CHAIR may be ready when the nurses are ready to provide for its occupancy.

THE 1915 CONGRESS

Our readers will note with interest the preparations that are being carried forward at San Francisco for this great International Congress of Nurses. Mr. Wright, the editor at the Exposition Building, at the suggestion of Miss Genevieve Cooke, editor of The Pacific Coast Journal of Nursing, kindly sent us this interesting article, which will be of assistance to our National Association when arranging for its delegates.

PUBLIC HEALTH ASSOCIATION

The annual meeting of "The Canadian Public Health Association" will be held in Port Arthur, Ontario, on September 10, 11, 12, 1914, under the auspices of "The Thunder Bay Medical Association." The work of this Association is of interest to all nurses, not only to those engaged in public health work, and many will no doubt want to plan to be present at the annual meeting.

The February number of *The Public Health Journal*, the official organ of this Association, is a special "Medical Inspection" number. The March number will also be devoted to "Medical Inspection."

Although medical inspection is only in its infancy, it is wonderful to note the rapidity with which the work has grown. Whatever benefits the child quickly appeals to those responsible for his proper development and education. Medical inspection has amply demonstrated

its worth in this connection, hence its rapid growth. These special numbers emphasize just how rapid that growth has been.

The nurses of Great Britain and Ireland have lost a staunch supporter of their cause of State Registration in the recent appointment by His Majesty the King, of the Right Hon. R. C. Munro-Ferguson, M.P., P.C., to be Governor-General of Australia.

The Rt. Hon. R. C. Munro-Ferguson, M.P., has had charge of the Nurses' Registration Bill in the House of Commons since 1905, and has lost no opportunity of advancing its interests. Lady Helen Munro-Ferguson has also taken a deep interest in this question. *The British Journal of Nursing* says: "To the readers of this journal, Lady Helen Munro-Ferguson needs no introduction. She is one of the limited number of lay-women who have taken the trouble to study the nursing question, and has brought to bear upon it her great mental powers and sympathetic insight; therefore, when she speaks upon it, whether as a member of a deputation to the Prime Minister, or at public meetings, and brings to its exposition the rare gifts of eloquence, of wit, of charm, and of knowledge which are at her disposal, she has proved herself a most invaluable ally. To both Mr. Munro-Ferguson and his brilliant wife, the nurses of this country owe a profound debt of gratitude, and it is difficult to contemplate with equanimity their departure for the antipodes."

But the nurses are encouraged for, upon the advice of the Rt. Hon. R. C. Munro-Ferguson, M.P., the Executive Committee invited Dr. A. W. Chapple, M.P., to introduce the Bill this Session, and he has kindly consented to do so. Dr. Chapple practised in Dunedin, New Zealand for twenty years. He took an active interest in State Registration of Nurses there, doing much not only to secure State Registration, but to assist in the working of the Act, which has been in force since 1901. Thus Dr. Chapple has personal experience of the benefit of State Registration and is peculiarly well fitted to undertake this work for the British nurses.

The Victorian Bush Nursing Association, Australia, proposes soon to open up several new Bush Nursing centres. The Association has added two nurses to its staff. They were sent out by the Colonial Nursing Association, London, and arrived in Victoria in January.

The Australian Massage Association has decided to apply to the Government for State Registration. In Sweden massage has long been recognized and regulated by the State. In New Zealand it has recently been given university recognition and a university course in massage has been established.

The Nursing Journal of India gives a short account of the work of the Municipal Nurses of Bombay. The municipality is divided into

ten districts, each with its municipal dispensary, doctor, nurse and general staff. The nurses help in the registration of births and bring to the notice of the District Registrar the names of parents whose infants over six months are still unvaccinated. The nurse also reports all infectious diseases that come to her knowledge. "But the most important part of her duty is to attend the confinements of poor women in her district who are, for some good reason, unable to go to hospital. The Municipal Nurse is a God-send to these poor mothers, as she steps in, in the place of the ignorant native *dhais*, the "Mother Gamps" of India, whose dreadful and criminal practices are one of the main factors of infantile mortality in the East."

"When I was a Municipal Nurse I made it my duty to get to know the *dhais* of my sections, and to give the more intelligent ones a course of simple instruction in what not to do, and it was wonderful how easily they learnt and how willing they were to listen to my advice. They always sent for me when they had a difficult case as they hadn't to pay me anything, and I never interfered with their getting their own fees. There are not nearly enough Municipal Nurses and it would be a good thing if they made it part of their duty to give a course of instruction to the more intelligent *dhais* and their daughters. For in India what the mother is, the daughter will surely become. It is *dastur* (i.e., custom) to engage *dhais* and until the people are educated to see the folly of entrusting the lives of those nearest and dearest to them, to unskilled women, *dhais* will continue to flourish. To instruct these women in a true knowledge of midwifery will confer a lasting boon on the poor women of India. But it would be a wise thing to root out stupid and careless *dhais*, who are the cause of much loss of life. I know of a case where a *dhai* ran screaming out of the room when the child was born. The child, who was born with a loop of the cord round his neck, died; the mother with the help of an intelligent neighbor happily recovered. Another *dhai*, after cutting the umbilical cord, went home, not troubling to attend to the mother. Post partum haemorrhage set in, and the mother died. On inquiry the *dhai* told me she had only been engaged to tie and cut the cord. No fees had been paid her to look after the mother. Such women should not be allowed to practise."

ANNUAL MEETING

The Second Annual Meeting of the Graduate Nurses' Association of British Columbia will be held in Victoria, B.C., on April the 13th and 14th. There will be morning and afternoon sessions on Monday the 13th, at 10.30 a.m. and at 2 p.m., and on Tuesday the 14th, morning session at 10.30 a.m. The meetings will be in the Rest-room of the Y.W.C.A. Building, and will be open to all Nurses. Good papers have been provided for the program, and Dr. A. P. Proctor, of Vancouver, will give an address on "Public Health."

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

The report submitted by the secretary at the sixteenth annual meeting of the Montreal Branch of the Guild showed forty-eight members, five associates, and eleven honorary members belonging to the Branch. Three members, the Misses Manby, Holleck and Carr, have been transferred from branches in England, and some associates have been added to the roll during the year, i.e., Miss Belknap, admitted at the anniversary meeting: Miss Henders, from London, Eng.: Miss Kendell, from Toronto, and Miss Hawley, formerly belonging to the Ottawa Branch, who is now living in the North-West. One member and one honorary member, Mrs. Messervy and Miss Grant, have passed away. Mrs. Messervy had been connected with the Guild for ten years, was at one time district treasurer, and always took an interest in its welfare, though latterly she was not often able to attend meetings. Seven meetings have been held, besides the Anniversary Festival Meeting, on June 11th, and a "tea" given by one of the members in May. In answer to a circular letter sent to each member from England, the Branch joined in the gift to the Chaplain-General, twenty-seven members contributing the sum of $7.65.

Great regret was expressed at the resignation of Miss Stikeman from the office of Superior, which she has held since the formation of the Branch.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-Pres., Mrs. W. S. Tilley, 157 William St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors, Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hosp., Toronto; Mrs. MacConnell, 514 Brunswick Ave., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

The regular meeting of the Executive was held on February 25th, Mrs. Tilley presiding. There were eleven members present. The Treasurer's statement showed a bank balance of $319.89. The convener of the Legislation Committee gave a brief report of the work for Registration of Nurses in each of the provinces. Clause 18 blocks any progress in Ontario for the present. The program of the annual meeting is postponed from May to September, when the Canadian Conference of Charities and Corrections is held. The Executive wished to take advantage of the opportunity to secure some speakers, whom they could not hope to have otherwise.

The Executive has decided to ask each association of nurses in Toronto to send a representative to its next meeting, that the formation of a Toronto Chapter may be discussed. Miss G. L. Rowan was appointed convener of Nomination Committee. Miss Bella Crosby was appointed our delegate to the annual meeting of the Canadian National Association of Trained Nurses, in Halifax, in July.

The Treasurer desires to remind those members who are in arrears that the fees for the year ending May, 1914, are long overdue. Early attention to this will facilitate her work.

Will members who have changed their address kindly send notice of change to the Secretary, 30 Brunswick Avenue, Toronto.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The monthly meeting of the C.N.A. was held on Tuesday evening, March 3rd. Miss Helm was to have lectured on Social Service, but owing to her sudden removal to New York, she could not keep her appointment. Her place was supplied by Miss DesBrisay, who read a lecture on San Francisco and the Yosemite Valley, the lecture being illustrated by lantern slides.

Miss Phillips has returned from a visit to her home in Watertown.

Miss Thomson left for New York on Monday.

Let us hope many nurses are making plans to be present at the congress in San Francisco.

NIGHT DUTY

The beauty of night-service. It is the King's secret service, and a type of the hidden life. Night watchers are chosen for secret service. Indeed, day and night, your lives are to a very large extent hidden lives. You may scamp a great deal of your work without anyone being the wiser, and you may do countless little acts of service that are simply put down to the duty of a "trained nurse." Where your duty begins and ends no one can tell. You are blamed when you deserve praise; you are praised when your own heart condemns you. Well! see that you make this necessity a virtue. Your lives, of all lives, must be hid with Christ in God. And just as the sick, nervous patient may awake startled in the night, and gain quiet and confidence from the sight of the nurse close by, so may you gain that "quietness and confidence" (without which no true nurse is really strong) from the realization of the Presence of God.

"May the Lord Almighty grant you," each in your own work, your own doubts, your own difficulties, your own night duty, "a quiet night and a perfect end."—Canon Holmes "In Watchings Often."

The sixteenth annual meeting of the Board of Governors of the Victorian Order of Nurses was held at Government House, Ottawa, Thursday, March fifth, at noon. There were present between fifty and sixty delegates from all over the Dominion, and the meeting was most interesting and enthusiastic. After the business meeting, the delegates were entertained at luncheon by Their Royal Highnesses, the Duke and Duchess of Connaught. His Royal Highness presided at the meeting. Dr. Gibson presented the report of the Honorary Secretaries, in which the work of the Executive Council for the year was reviewed, and tributes were paid to the memory of Lord Strathcona, Lord Minto, and Hon. Geo. Cox.

Mr. Jno. Fraser presented the report of the Honorary Treasurers, and Miss Mackenzie the report of the Chief Superintendent. This report will appear in full next month.

The year 1913 has been one of the best in the history of the Order, and the report gives the details of the splendid growth throughout the Dominion. Dr. Bruce Smith, in a neat little speech, congratulated the Board on the reports presented.

His Royal Highness, in a few well-chosen words, drew attention to the facts of expansion and to the brightness of the future of the Order, so full of possibilities for usefulness.

All of those present were most gratified at having Her Royal Highness, the Duchess of Connaught, restored to health and able to be among them again.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 206 Spadina Avenue, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

HOSPITALS AND NURSES.

British Columbia.

Our Registration Bill has been "thrown overboard." "So we must prepare to try again next year."

We regret to learn this, but the "steady purpose" must not be lost sight of, nor the "untiring enthusiasm" allowed to wane, for success will eventually crown your efforts and will be the more prized that the struggle for it was long and difficult.

Miss Adamson, Graduate of Vancouver General Hospital, has accepted a position in the hospital at White Horse, Y.T. Miss Adamson went north from Vancouver early in March.

Miss Colvin, Graduate of R.V.H., Montreal, who is now at St. Luke's Hospital, San Francisco, is to be the new Superintendent of Nurses at the Royal Columbian Hospital, New Westminster, B.C. She will begin her duties on the 1st June.

Miss Jessie Scott (T.G.H.), Lady Superintendent of the Royal Columbian Hospital, New Westminster, B.C., has resigned, her resignation to take effect on the first of May.

The regular monthly meeting of the Victoria Nurses' Club was held on the first Monday of March.

Miss E. H. Jones, President, in the chair.

It was decided to have our annual dance on Easter Tuesday.

The B.C. Graduate Nurses' Association will meet here on the thirteenth and fourteenth of April, Easter Monday and Tuesday.

Our Registration Bill is still in abeyance.

We are also counting on sending a delegate to the Canadian National Association of Trained Nurses in July.

A temporary hospital has been opened at Hanna.

Saskatchewan.

Miss J. B. Tripp, late Superintendent of the hospital at Swift Current, is now Superintendent of the new Municipal Hospital at Weyburn. This hospital, of between fifty and sixty beds, is very up-to-date in all its appointments—terrazza floors, no square corners, a well-equipped operating room, three diet kitchens with electric table and stoves, electric light signal system, and elevator.

The Superintendent has a comfortable suite. The staff consists of Miss Elise Campbell, head nurse, and Miss Mabel Gill, night supervisor, both Graduates of Victoria Hospital, London, Ont., and fourteen pupil nurses.

There is a small Isolation Hospital in connection.

Manitoba.

The King George Hospital for Infectious Diseases in Winnipeg, was opened for public inspection on February 26, 1914. The Hospital Board gave a luncheon to which members of the Board of Control, City Council and Hospital Commission were invited. After the luncheon, the building was inspected, every one expressing satisfaction with the very complete equipment,

Winnipeg General Hospital—Miss Louise Newcombe returned to Winnipeg in February, having spent the past few months in Los Angeles, Cal.

Miss Carrie McLachlan accompanied her patient to California in February. She expects to remain there till Spring.

Dr. and Mrs. Burridge returned in February, having spent the last year in England and on the Continent.

Miss Lumsden has left Long Beach, Cal., and is at present engaged in private nursing in Victoria, B.C.

Sincere sympathy is extended to Miss Emma Turner on the recent death of her father.

Miss Hilda Corelli, staff nurse, Winnipeg General Hospital, left in February for the Pacific Coast, where she will spend a month's vacation.

The Alumnae Association of Winnipeg General Hospital is giving a banquet at the Fort Garry Hotel on Thursday, February 26th, to the Graduating Class of 1914.

Ontario.

The Monthly Meeting of the Ottawa Graduate Nurses' Association was held at the club house on Carling Avenue on Monday afternoon, 9th February, with a large attendance.

The Ottawa General Hospital Alumnae had charge of the pro-programme, and after the entire business was disposed of a most entertaining and instructive lecture on "Ancient Rome" was given by the Rev. Dr. Sherry, of Ottawa University.

As the present club house is to be turned into an apartment house, the Association had to seek new quarters, greatly to the regret of the members and especially of those living in the house.

The club has had a most successful year, every room being filled, and we hope for equal success in the new home which has been secured at 93 Fourth Avenue.

London: The regular monthly meeting of the Victoria Hospital Alumnae Association was held Tuesday evening, March 3rd. The program called for "Practical Demonstrations," by the pupil nurses of the hospital. It was a very agreeable surprise to those present to

find that the "demonstrations" were manifested in a charming banquet. The tables in the large dining-room were tastefully arranged, the color scheme being white and gold. The neat, hand-painted menu cards pleased the eye, and the bountiful and delicately prepared dishes delighted the palate. The entertainment was much enjoyed by all present, who appreciated the good taste in the efforts of the nurses under the supervision of Miss Beatty, dietitian. Thanks are due to Miss Stanley, Superintendent of Nurses, for providing such a pleasant evening, also for the winter program, which is instructive and helpful to the nurses. Miss Stanley, by her cordial hospitality, makes the alumnae as well as the pupil nurses feel at home when within Victoria's walls.

Miss Barbara Gilchrist, late London city school nurse, is resting at her home, Shanty Bay, Lake Simcoe.

Miss Jessie Mortimer, Ashland Hospital, Ohio, was on a visit home for a week.

Collingwood: The Ann Long Nurses' Residence was formally opened on February 6th by Mr. Thomas Long, who was the generous donor. The tastefully furnished and brilliantly lighted rooms were crowded with the ladies and gentlemen who gathered to do honor to the occasion and also to take part in the good program which had been prepared.

On February 11th the nurses entertained for the first time in their new residence and a very enjoyable evening was spent.

The Kingston Nurses' Alumnae Association entertained the graduating class of the hospital at its regular monthly meeting. Miss Milton gave an exceedingly interesting paper on the origin, object and growth of the Association. She told how the Association started in May, 1896, with only six members and how the number had steadily increased. She emphasized to the graduates the necessity of loyalty to their Alumnae. Afternoon tea was served, and a social hour was very much enjoyed.

Miss Moag has resigned her position as superintendent of the Mowat Memorial Hospital for Tuberculosis, and is enjoying a rest at her home in Smiths Falls. Miss Margaret Cochrane has been appointed her successor. Miss Moag and Miss Cochrane are both graduates of K. G. H.

Miss B. J. Willoughby, K.G.H., has been recently appointed superintendent of Smiths Falls Hospital and is doing splendid work.

Miss Charlotte MacAllister, K.G.H., class '10, left recently for California on an extended visit to her brother, Rev. R. MacAllister.

At the regular monthly meeting of the Alumnae Association of the

Ottawa General Hospital, held in February, Dr. R. E. Valin gave a most interesting lecture on his impressions of a trip to Chicago and Rochester, Minn. The doctor attended the Congress of The Surgeons of North America, held in Chicago during September, 1913, and was most favorably impressed by the work at the various clinics. A standing vote of thanks was accorded Dr. Valin for his most instructive lecture, which was thoroughly enjoyed by all present.

The many friends of Miss K. Groves, graduate O.G.H., will be pleased to hear that she has recovered from her recent illness. Miss Groves is visiting at her home in Brockville for a few weeks.

A bright, cheery letter received from Miss Delia Provencher, Louisville, Ky., (St. M. H. graduate, Toronto) says she is enjoying better health, likes her new field, and is meeting with good success. Her many friends wish her a continuance of the good things.

A number of St. Michael's nurses were at the St. Valentine's Dance held at the club.

Miss Piggott, graduate of Riverdale Hospital, Toronto, who was holidaying in British West Indies, has returned to her duties in the hospital. Miss Piggott gave a very interesting account of her trip and her impression of the islands and its interesting people at the meeting of the Alumnae Association. Miss McKenzie was a welcome visitor and gave a talk in the interests of the Graduate Nurses' Club.

Miss L. Argue gave a humorous and interesting account of one day's work of a Metropolitan nurse in our busy city.

Miss Rogers has taken the position of night supervisor at Riverdale Hospital.

Miss Fogarty, who has been for a three months' visit to St. Paul, has returned to the city.

The February meeting of the Thunder Bay Graduate Nurses' Association was held at the R. M. & G. Nurses' Home, Port Arthur. There was a good attendance. A very interesting paper on "The House Fly" was given by Miss Bradley. Mrs. J. W. Cook presided. Refreshments and a social half hour closed a very pleasant meeting.

Misses Hurd and Turner have lately established themselves in the Twin Cities to do massage. These ladies come from England with very high recommendations and will no doubt work up a good practice in their special work.

At a very enthusiastic meeting of the Hamilton City Hospital Alumnae Association, held Tuesday, March 3rd, 1914, the subject of establishing a central registry was discussed. It was decided to have cards sent to every graduate of the H.C.H., asking for applicants for the position of Registrar.

Another subject taken up by the Alumnae was the omission in

the clause on the new cards of the nurses' fees, which reads: All Alcoholic, Drug or Severe Nervous cases, charge $25.00 per week, should read charge $25.00 per week or $4.00 per day.

Miss Liddy, a graduate of the H.C.H., now living in Winnipeg, and at present visiting her many friends in Hamilton, attended the Alumnae, and very kindly offered to pay one year's subscription to the central registry when started. Although Miss Liddy retired a few years ago from professional work, she still takes a very keen interest in anything pertaining to the graduates of the H.C.H.

Miss Dressell's many friends will be pleased to know she has sufficiently recovered from her operation for appendicitis to be removed from the hospital. When strong enough, she intends going with some friends to spend the balance of the winter in Bermuda.

The regular meeting of the Alumnae Association of St. Michael's Hospital, Toronto, was held March 9th, at the home of Miss Dolan, Markham Street.. In the absence of the President, Mrs. O'Brien presided. There were twenty-two members present. Matters of great interest to the nurses were discussed. After the business had been attended to, Miss McKenzie, of the Toronto Graduate Nurses' Cub, spoke a few minutes about the club and its many privileges for all who become members. Then a very pleasant half hour over the teacups was indulged in. Mrs. Howard Watterworth, of Winnipeg, was at the meeting and received a hearty welcome.

The annual dance of the Toronto Western Hospital Alumnae Association, was held in the Assembly Hall of the hospital, on the evening of February 20th. It was a great success. Miss Bell, Superintendent of Nurses of the hospital, received, with Mrs. Valentine, President of the Association. Many graduates and their friends were present, as well as a number of the staff doctors and their wives.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held on Friday, March 6th, at the Nurses' Residence, 24 Roseberry Ave., with the President, Mrs. Valentine, in the chair. There were ten members present. Matters of interest to the association were discussed at the meeting.

Miss Emma Brodie, graduate of Toronto Western Hospital, class '11, has left Toronto to reside with her parents at "Heart's Delight Farm," Chazy, New York.

The regular monthly meeting of the Toronto Central Registry Committee was held at 295 Sherbourne St., Monday, March 2nd, at 3 p.m. Miss C. Mitchell, Convener, occupied the chair. Eight members were present. Total calls for February were 353. The financial statement showed a total balance of $1,558.69.

Miss Tuckett, graduate of Toronto Western Hospital, has accepted a position in Strathcona Hospital, Edmonton, Alta.

Miss Rorke, graduate of the Orthopedic Hospital, Toronto, and P.G. of the Polyclinic Hospital, New York, has accepted the position of surgical nurse in Augusta Memorial Hospital, St. Petersburg, Florida.

Miss Hicks, graduate of Long Island College Hospital, Brooklyn, has returned to New York to do private nursing.

We deeply regret having to report the death of Miss Mary Tipping, a graduate of the Toronto General Hospital, who has been a member of the Registry for five years.

The Board of the Public General Hospital, of Chatham, Ont., has decided to build a new wing to cost about $30,000. This will provide 20 extra beds, and the third floor will be devoted to nurses' quarters.

The Board of The Amasa Wood Hospital, St. Thomas, at its annual meeting, on February 24, reported a very successful year for the hospital, under the efficient Superintendent, Miss B. Miller. The need for enlarging the institution was discussed.

A "Hard Times" party was held at the Toronto Graduate Nurses' Club for members and their friends, on February 14th. About seventy were present, and everyone enjoyed themselves. The hard times idea was carried out in detail, the rooms being lighted with candles. An old-fashioned fiddler and an "English Concertina" composed the orchestra, and the supper was baked beans, doughnuts and coffee.

Mrs. Chas. McCrea, of Sudbury, has been a guest at the club for ten days.

Miss Mary Anderson, Harper's Hospital, Detroit, Mich., has been staying at the club, while specialing her mother, who has been a patient in the General Hospital.

The Club is becoming more and more a central meeting place and social centre for the nurses. This winter they have taken full advantage of it, the usual teas and dances taking place frequently: in fact February, 1914, has been a banner month.

The Board of Health of St. Catharines is seeking to have the Board of the G. & M. Hospital take over the Isolation Hospital work.

Quebec.

Miss Lee, for some time assistant in the operating room, R.V.H., Montreal, has left to take the position of assistant superintendent in the Maternity Hospital. Her place in the operating room has been filled by Miss Patterson.

Quebec, Que., is raising funds to build a hospital for the treat-

ment of tuberculosis. The net proceeds of the Kirmess held recently was nearly three thousand dollars.

New Brunswick.

Miss Annie Graham, graduate of Victoria Public Hospital, class 1912, has just completed a post-graduate course at Sloane Maternity, New York, and is at her home at Gagetown, N.B., for a rest before taking up work again.

Miss Gertrude MacKinnon has gone to Corey Hill for post-graduate work after two years of private duty. Miss MacKinnon graduated in class of 1912.

Miss Madeline Spencer, who graduated in class of 1911, has been confined to her home at the Rectory at St. George with typhoid for past three months, but we hear she will soon be able for duty again.

A new City Hospital is to be built at Newcastle, Northumberland County this summer.

We are expecting to build a new maternity wing at Victoria Public Hospital this year.

At Stouffville, Ont., on December 31, 1913, Miss Ella Degeer, graduate of Toronto Western Hospital, class '12, to Mr. Edward Wettlauffer.

Miss Gertrude B. Johns, Altoona, Pa., a graduate of the West Penn. Hospital, Pittsburg, Pa., Post-Graduate of Neurological Institute, New York, N.Y., also a graduate of the Penna. Orthopaedic Institute, and School of Mechano-Therapy, Inc., Philadelphia, in the Swedish System of Massage, Medical and Orthopaedic Gymnastics, Electro- and Hydro-Therapy, has been engaged to teach Massage to the nurses in training at the Altoona Hospital, Altoona, Pa.

Miss Nora F. McMahon, Atlanta, Ga., a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, in the Swedish System of Massage, Medical and Orthopaedic Gymnastics, Electro- and Hydro-Therapy, has been placed in charge of the mechanical department at Hampton Sanatorium, Hampton Springs, Fla.

Mr. Francis E. Boerke, Brooklyn, N.Y., a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, in the Swedish System of Massage, Medical and Orthopaedic Gymnastics, Electro- and Hydro-Therapy, has been engaged to take charge of the Hydriatic Department at the Stockton State Hospital, Stockton, California.

The Phipps Psychiatric Clinic of Johns Hopkins Hospital, Baltimore, has engaged two additional graduates of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, in the Swedish System of Massage, Medical and Orthopaedic Gymnastics,

Electro- and Hydro-Therapy, for their mechanical and hydriatic departments, Miss Katherine Hoffman, formerly of Walla Walla, Wash., also a graduate of the Elsworth Hospital, St. Joseph, Mo., and Mr. Jeremiah T. Minahan, of Philadelphia.

Miss Lillian L. Bamforth and Mr. William R. Dittmar, both of the Nurses Training School, State Hospital, Norristown, Pa., and both graduates in Hydro-Therapy of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, have been placed in charge of the Hydriatic departments at the State Hospital, Norristown, Pa.

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Staff Nurse to be Sister: Miss C. V. S. Johnson.

C. W. Hecker, Matron-in-Chief.

MARRIAGES

On January 10th, 1914, at Ottawa, Ont., Miss Mary Edna MacCaul, graduate of House of the Good Samaritan, Watertown, N.Y., class '07, to Mr. Bruce Vivon Moore.

At Manor, Sask., on January 14, 1914, Mary Ethel Cunningham, graduate R.V.H., Montreal, class '09, to Mr. George Wilson Cristie.

At Ivanhoe, Ont., on February 25, 1914, Miss Ethel Wood, graduate of General Hospital, Kingston, Ont., class '11, to Mr. Frederick J. A. Blackburn, of Truro, N.S.

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Established—1892.
Registered—1892, in Toronto.
Superintendent of Hospital—M. M. Victoria.
Superintendent of Nurses—Sister M. Attracta.
Number of Beds—Three hundred and seventy-five.
Graduate Nurses on Staff—Nine.
Pupil Nurses—One hundred and ten.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Gynaecological, Obstetrical, Dietetics, Eye, Ear, Nose and Throat.

HOSPITAL—The General, Sault Ste. Marie.
Established—1898.
Superintendent of Hospital—Sister Hawlar.
Superintendent of Nurses—Sister M. Dorothea.
Number of Beds—Ninety.
Graduate Nurses on Staff—None.
Pupil Nurses—Fourteen
Term of Training—Three years.
Branches of Training—Medical, Surgical, Obstetrical.

HOSPITAL—St. Joseph's, Port Arthur.
Established—1885.
Superintendent of Hospital—Mother Monica.
Superintendent of Beds—Eizabeth Regan.
Number of beds—Eighty-five.
Graduate Nurses on Staff—Four.
Pupil Nurses—Fifteen.
Term of Training—Three years.
Branches of Training—General.

HOSPITAL—St. Vincent de Paul, Brockville.
Established—1904.
Superintendent of Hospital—Sister M. Clement.
Superintendent of Nurses—Sister M. Eulalia.
Number of beds—Eighty.
Graduate Nurses on Staff—Ten (Sisters).
Pupil Nurses—Six Sisters, eleven other pupils.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Obstetrical.

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Superintendent of Hospital and Nurses—L. I. Uren.
Number of Beds—Eighty.
Graduate Nurses on Staff—Two.
Pupil Nurses—Twenty.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Gynaecological, Obstetrical, Dietetics, Eye, Ear, Nose and Threat.

HOSPITAL—The General, Stratford.
Established—1891.
Registered—1905, in Albany, N. Y.
Superintendent of Hospital and Nurses—Lola M. Weldon.
Number of Beds—Sixty-six.
Graduate Nurses on Staff—One.
Pupil Nurses—Eighteen.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Obstetrical.

HOSPITAL—The General, Brantford.
Established—1884.
Registered—1884, in Brantford.
Superintendent of Hospital and Nurses—Margaret M. Carson.
Number of Beds—Sixty.
Graduate Nurses on Staff—One.
Pupil Nurses—Eighteen.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Obstetrical and Contagious.

HOSPITAL—The General, Brockville.
Established—1888.
Registered—1888, in Brockville.
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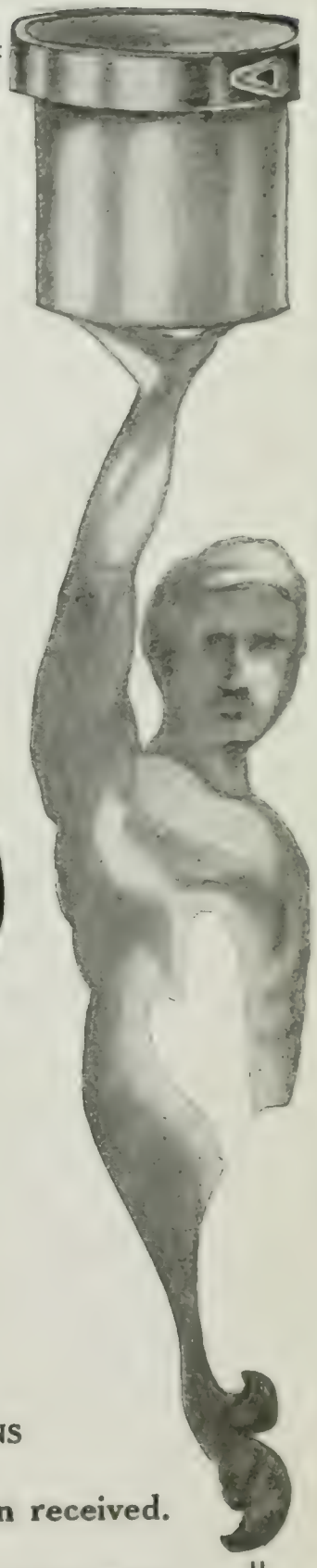

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In 1896, writes Dr. Gudrun Holm, Director of the School of Medical Gymnastics and Massage, 61 East 86th St., New York City, massage was almost exclusively confined to the wealthy class, which used it in a general way as a toning up of the system in nervous prostration and in convalescent conditions. As beautifying and reducing massage it was highly estimated and extremely used. At that time it was not employed at any clinic and a masseuse was employed by the hour. At the present day almost all hospitals in New York City have a masseuse or a masseur or many of them in connection with their Out Patient Department. Massage and Passive Movements has gained a high reputation as treatment for post-operative conditions and for the stiffness left after fractures, etc., etc. Several of the clinics where the students from School of Medical Gymnastics and Massage work treat from twenty to thirty or more cases a day. Ward patients as well as private patients are treated for the most diverse conditions. Many doctors employ a masseuse or masseur at their office and patients often arrange for a masseuse to stay at their house.

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

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THE TORONTO MUNICIPAL DENTAL CLINIC*

On February the 10th, 1913, Dr. Margaret Donald Gordon began to work in the first free Municipal Dental Clinic in Canada. The patients were selected by Dr. W. H. Doherty, the Dental Inspector of Public Schools, and were accompanied to the Clinic by Miss Jamieson, one of the pioneer nurses of the Medical Inspection Staff of the City of Toronto. The patients came from the Hester How School. Such was the modest opening of one of the great things that promises so much to the young children of the poor of the city of Toronto.

The Clinic is located at No. 468 Yonge Street, corner of Grenville, one block north of College Street, and very convenient, as it is a very central location. This is necessary as the patients in a Clinic like this come from all over the city.

The rooms are on the first floor up and are three in number. There are two operating rooms, one with two chairs, and another with one chair, while the other is a reception room for the patients. These rooms are very bright, airy and clean, and present a splendid appearance.

The Clinic is under the control of the Medical Health Officer of Toronto, Dr. Chas. J. Hastings. I am responsible to him for the proper managing of the Clinic. We are open for work from 9 a.m. to 4.30 p.m. We have a seven-hour day the same as all through the Medical Health Department of the city of Toronto. The morning operators are on duty from 9 a.m. to 12.30 p.m., the afternoon operators from 1 p.m. to 4.30 p.m. The nurse is on duty from 9 a.m. to 5 p.m., with one hour for lunch.

The equipment consists of three very complete dental chairs, cabinets and electric engines, all in white enamel. We have fountain cuspidors, a compressed air outfit to every chair, electric water heaters and spray bottles, and all the instruments necessary for the insertion of amalgam and cement fillings, treatment of diseased teeth and gums, insertion of procelain crowns, and the extraction of teeth with both local and general anaesthetics. There are electric and formaldehyde sterilizers. There is also a laboratory bench with an electric lathe which serves the twofold purpose of pumping air and doing what grinding we need in laboratory work.

*By J. A. Bothwell, D.D.S. Superintendent.

For filling purposes we use amalgam and cement. When the color can be found satisfactory, we use the Ash ready made porcelain crown for crown work, and if not, we use some other make of ready-to-wear crown.

We stick very closely to Novocain for local anaesthetic and Somnoform for general anaesthetic. All the drugs that we use are kept in large quantities on the supply shelves.

We work only for children. To a large extent the patients are of foreign birth or foreign extraction. We have a few purely Canadian-born. Only those children whose parents are unable to pay for the services of a dentist are admitted as patients. Patients come on the recommendation of the School Nurse or some other responsible party. The nurse must first get the consent of the parents to have the work done. She must also investigate each case to find out whether the parents or guardians are able to pay for dental services. To do this we provide her with a printed form which she fills out. On this form are questions such as :—

Parents' name .....
Address .....
How many in family .....
Average weekly income .....
Rent paid .....
Is father alive? .....
Remarks .....
References :—
Family physician .....
School principal .....
School nurse .....
Medical inspector .....

On the other side of the form is an application signed by the parent to have the work done at the Free Dental Clinic. If the patient meets the qualifications required, the necessary work is proceeded with, and completed as rapidly as possible.

The work is carried on as systematically as is possible. Each operator has his own appointment book, and works for all his patients by appointment. Each day a few minutes are reserved for emergency cases of toothache. One day a week is devoted entirely to extraction. We see on an average of from twenty to twenty-five patients every day and from thirty to fifty on extraction day. It depends to a large extent on the age of the children how many can be seen on the latter day.

During the ten months we have been going, six cases of abscess with fistula on the outside of face have presented themselves for treatment. Three of these the staff have handled at the Hospital for

Sick Children under a general anaesthetic. Two were treated at the Clinic and one has yet to be treated.

We accomplished a good deal of work during the ten months we have been in operation. The following figures are interesting:—

Number of extractions	4,526
Number of treatments	3,413
Number of fillings	5,405
Number of finished cases	1,218
Number of Somnoform	101
Number of local anaesthetic	264
Number of crowns	12

A number of patients had some work done and did not return to have it completed. This number amounts to about one hundred and fifty.

FIRST ANNUAL REPORT.

In the early part of the year it took considerable time to get the Civic Dental Clinic running smoothly. Now everything is running along very well indeed.

During the last three months the whole staff has been very much crowded with work. Besides the amount of work that comes directly from the public schools, where they have their regular inspection, we have had many requests from parents, from hospitals, from two orphanages, and from two other charitable institutions. One institution alone had ninety patients that needed treatment.

The capacity of our Clinic is approximately one hundred and twenty-five to one hundred and fifty patients per month. This means that a great deal of work must wait until more accommodation is provided.

Many hours' overtime have been spent by the staff as a result of the pressing of the people for treatment. This condition can only be alleviated by establishing more Clinics, or the enlarging of the Central Clinic by finding larger quarters. I would strongly recommend the establishing of a Clinic in the East End and one in the West, with, if possible, three chairs each.

This may seem a big request, but I am very sure with what I see and know of the situation, that these two Clinics would very soon become overcrowded just as the present one has. It only needs for their location to become known. Those who have figured this problem out in dollars and cents tell us that the establishing of these Clinics will soon pay for themselves in the taxes saved. If this is true, and I believe it is, the establishing of more Clinics would be a wise move. It means to the poor child less pain, better health, more regular school attendance, and in the end, fewer years at school.

During the year we have had six very interesting cases of children with abscesses of the teeth running pus on the outside of the face.

Three of these cases were sent to the Hospital for Sick Children, where I operated under a general anaesthetic, extracting the offending tooth in each case, and curetted the bone where necrosis had set in.

The other cases had no necrosis and were attended to at the Clinic. Two of these cases were referred from the Hospital to us for treatment. The result in every case was fine.

The suffering these children must have undergone while the abscesses were forming and pointing, must have been very great. Now many more such cases are prevented by proper attention before they reach the abscess stage.

We feel that these six cases alone have almost warranted the establishment and continuation of the Civic Dental Clinic.

SOME IMPRESSIONS OF A TRIP TO CHICAGO AND ROCHESTER*

The annual Congress of Surgeons of North America was held in 1913, at Chicago, in the State of Illinois. This Congress is open to all surgeons, or would-be surgeons like myself, and others who are in good standing in their community.

After a long journey by the C.P.R. by way of Toronto and Detroit, leaving Ottawa at 10.45 p.m., one arrives 24 hours later at the same hour in Chicago. The headquarters of the Association in Chicago were at the La Salle, one of Chicago's best hotels. This splendid hostelry is named after La Salle, who, as you will recall, was a great explorer, and the first to discover the Great Lakes and the Mississippi in 1682. It is somewhat comforting to realize that Chicago, notwithstanding its thrilling activity and modern rush for the millions, does sometimes give a thought to the great men who figured in the developmen of their country, and whose names passed through their history to posterity. As you know, Chicago is on Lake Michigan, and has a population of five and a half millions, being the second largest city in the United States, and has the reputation of being the great city of crime and debauchery.

Five thousand surgeons registered at the Congress which lasted six days. To each registered member were allotted tickets to obtain admission to the various clinics. Naturally the larger clinics such as Murphy's and Ochsner's were always crowded, and one could not always gain admission. It is not my intention in these short remarks to describe to you all of the hospitals that I have been fortunate enough to visit, I shall only try to transmit to you, if you will hear me patiently, some of the observations that I have made at the larger clinics. I must say that I am very sorry that I did not know before that I would have had the pleasure of addressing you, for then I would have made it a point to observe especially from a nurse's standpoint the methods in use in the various hospitals. This would have been more

*By Dr. R. E. Valin, Ottawa.

entertaining than the remarks I am about to make. But then, I say, how could I have done so, when it took all my time to obtain some knowledge that could be profitable to myself. However, I know that your profession and mine are so intimately connected that whatever concerns the physician can not help but interest the nurse. Let us start at the Mercy Hospital, which is on Prairie Avenue, on the north side of Chicago, a hospital of some four hundred beds, part of which is up-to-date, with all modern equipment, and part of which is old and open to much improvement. This hospital is conducted by the Sisters of Mercy, and they proved to be most obliging and devoted. Like all hospitals I have ever visited which are conducted by religious communities, order and cleanliness reign supreme. The medical staff of the hospital is composed almost entirely of Protestant physicians. The chief surgeon attached to this hospital is Dr. G. B. Murphy of world-wide repute. Dr. Murphy has three clinics a week, starting his operations at nine a.m. and going on until late in the afternoon. He is a man of original thought, probably the most original and independent thinker in the surgical world to-day. His ideas are original, his speech is original, his technique in his surgical work is also very characteristic of himself. He has a particular way of impressing his hearers that inevitably leaves the desired impression, namely, having others share his conviction. After Dr. Murphy was called the Murphy button, with which you are undoubtedly familiar, as you have seen it used during your operating-room training. It is used in intestinal anastomosis. I must say that it is now somewhat discarded as anastomoses are now made with continuous sutures.

Dr. Murphy has acquired fame of late years for his wonderful work in the surgical treatment of bones, such as fractures and osteomyelitis. He is probably the greatest believer in and advocate of asepsis and antisepsis in the surgical sphere to-day. In his operations upon bones he seldom, if ever, touches any of the parts with his gloved fingers, doing all his manipulations with instruments which he devised himself for that purpose. Dr. Murphy claims that the success in bone surgery depends upon the degree of asepsis one makes use of in his work.

Dr. Murphy has attained a great reputation, which he well deserves, for his bone transplantation in the treatment of un-united fractures. With the aid of an electric saw, which we are fortunate enough to possess now in this hospital, he will remove a bone graft from the shaft of the tibia, and imbed it in a groove, which he chisels out from the ends of the fractured bones. This graft acts as a splint, and is gradually absorbed, giving a most perfect result, and thereby, according to his claim, reducing to a minimum the percentage of un-united fractures.

He follows out these cases with a series of X-ray plates, showing

the different processes of ossification, and in his clinics these plates are exhibited through trans-illuminators. Contrary to our practice he will never completely immobilize a fractured limb, except in the neighborhood of a joint. Now this is a very strange procedure, but his explanation is so logical that it cannot but appeal to all. His contention is that one never sees a case of un-united fracture in dogs. Why? Because of the constant irritation of the fractured ends, by rubbing together, bone formation is stimulated, and there is always a firm union, although there may be deformity.

In applying this same lesson to the human being, fracture into a joint must be immobilized completely, otherwise one will have complete ossification of that joint, the very thing he is trying to avoid, whereas fractures of the shaft must have some passive movements to prevent non-union.

These principles revolutionize the whole adopted teaching of a few years ago, or even of the present day. Even to-day, in this very hospital, the very opposite of what I have just described to you is the everyday routine, and naturally we meet, very frequently, with cases of un-united fractures.

I must also make mention of a little stunt of his in the treatment of fractures of the head of the femur—namely, the introduction of two ordinary wire nails through the great trochanter.

Dr. Murphy is, to-day, the greatest surgeon in North America, and still more, the best and most profound teacher. Time flies in his clinics, as one is sharing his great conception of modern surgery. I should not, in justice to him, say modern, but rather logical, treatment of surgical diseases.

Every contention of his is corroborated by actual facts. Case after case, pre and post operation, are shown to corroborate his statements. I must admit he has a most complete staff of associate surgeons who are giving him the greatest assistance, and to them also must be given a great deal of credit.

Dr. Murphy is a great talker, talking constantly before, during, and after an operation. His talk, nevertheless, is always apropos, and one never feels tired of listening. Photographs of his operations, i.e., during some important stage of an original operation, are frequently taken. His head nurse, a sister, is most competent. What is most remarkable about her is the quickness with which she carries out any orders given her by the operator. Being quick in her actions, for a surgical nurse, in my mind has always been a nurse's greatest attribute. This has been borne out to the fullest extent in all my observations, and still more so in the Mayo clinic, about which I shall say a few words later on.

While speaking of nurses, I must say that Dr. Murphy's head nurse has the reputation, of which she is very proud, of never having

left a sponge in the abdominal cavity. Very few nurses, who have had considerable experience as an operating room nurse, can say as much. I have been told that Dr. Murphy's wife takes a very deep interest in her husband's work. She keeps charts of all his cases, knowing all his patients, and often recalling to him years afterwards, when old patients come to him again, the nature of their last trouble, as well as the surgical procedure which was last practised. As there is a moral to all our actions, good or bad, the one I believe to be drawn from the actions of this great surgeon's wife, is that all medical men's wives should adopt her principles and attempt to do likewise. If it is ever your bad fortune to share your lot with one of those saviours of humanity, called physicians, it is to be hoped you will recall the little incident I have just mentioned.

While at the Mercy Hospital I had the pleasure of seeing Dr. A. Lane, the great London surgeon, who performed an ilio-segmordastomy upon the Duchess of Connaught, perform an operation upon an un-united fracture of the femur, and the application of the plate which bears his name, i.e., Lane's plate, which Dr. Murphy takes great delight in criticizing. That day the greatest celebrities in the surgical world were present on the floor of the amphitheatre, and it was indeed a great day. Dr. Lane's asepsis is perfect. He never touches any part of the operating field with his fingers. He makes awful incisions and works very rapidly and with a sangfroid characteristic of the Anglo-Saxon.

The next greatest clinic in Chicago is Ochsner's, at the Augustana Hospital.

Great as was my surprise and admiration for Dr. Murphy, my disappointment at the Ochsner clinic was proportionate. Although a great teacher, Dr. Ochsner's operative technique is very faulty. He could attend this hospital and witness some of the work done here and be quite edified. He operates without gloves or face or head mask, and the disinfection of his hands from one case to another is sometimes altogether overlooked. But, notwithstanding this, I saw some very interesting work done there, and among others the treatment of Nevus with $C O_2$ snow.

I might go on indefinitely in the description of the various clinics which I visited during the ten days I spent in Chicago, but I would only be abusing your goodwill and patience.

I shall now devote a few moments to a short visit I made to Rochester, in the State of Minnesota, to attend the Mayo clinics.

Rochester, a small town of six thousand inhabitants, lies south of Winnipeg, and is twelve hours' run from Chicago. It is a hospital town. The four leading hotels are the property of the Mayo Bros., and about a third of the private residences have signs of rooms to let, i.e., for convalescents. Every train coming to Rochester is loaded

with patients, coming to be relieved of some ailment by means of a surgical procedure, at the hands of, probably, the most skilful surgeons living to-day.

There is a surgical atmosphere about Rochester which soon makes one a decided and lifelong admirer of the Mayo Bros.

Every patient that you meet praises them most highly, and, in the patients' estimation, they are considered as demigods.

After one investigates their methods and their surgical work, as well as the results they obtain, one soon understands the reason of their widespread reputation and their continued success.

I believe that nowhere on earth is there such a large clinic as that at Rochester. Everything is done in a systematic and scientific way. There is no secrecy about their methods—a logical reason for every step in an operation is given. While the wound is being closed up by the assistants, the head surgeon will give a short discourse on the operation, taking up differential diagnosis, etc.

The Mayos have their offices down in the business section of the town. They occupy the ground floor of a whole block, fronting on four streets. They have a staff of about forty-five surgeons.

As patients present themelves they are submitted to a most thorough examination, which is always done as a routine thing—from the oculist to the aurist, to the physician, to the pathologist, to the X-ray department, to the cystoscopic department, etc. A diagnosis is made, the patient's means are enquired into, and the fee decided upon, and then, and then only, is the patient sent to the hospital for surgical treatment.

A story is told of a millionaire's daughter who had been very successfully operated upon by William Mayo. The young girl's father, being so pleased with the result, to show his gratitude, as soon as the girl reached her home, sent a cheque for $1,500.00. William Mayo very thankfully acknowledged receipt for $1,500.00 on account, reminding the grateful millionaire that a small balance of $1,500.00 remained unpaid.

Their success depends considerably upon their selecting their cases. Cases they know will not give favorable results are turned away. In that way they have a percentage of cures which, at first, seems exceedingly high, but when one considers their exceptional skill one soon understands it. And another reason why they select their cases is that their reputation is made from patient to patient, and a poor result, we all know, is a poor advertisement. Their hospital, which contains about 300 beds, is conducted by Franciscan nuns. Their operations start at 8 a.m. and run until 1 p.m. They have five adjoining operating rooms, much smaller than ours, and all in use every morning. A sister is in charge of each operating room, and one nurse who is not scrubbed up. There are only two nurses for each room, but each oper-

ator has three assistants besides the anaesthetist. In each room there are six or seven operations each morning. There are never less than thirty operations a morning. Their biggest operation seldom exceeds half an hour. Most of their cases are chronic, and patients walk up to the operating room and are not taken on a carriage, like most places. Their hands and feet are strapped to the table, thereby eliminating the necessity of having an orderly at hand to hold them down during the struggling stage. The anaesthetic is given while the patient is being scrubbed up. Nurses are employed as anaesthetists, and they are most competent.

The advantage claimed for a nurse anaesthetist is that she is interested, not in the operation, as a medical man would naturally be, but only in her own work. It eliminates, also, the disagreeable habit of a man anaesthetist passing remarks upon the operator and the operation. In that way a nurse, naturally, becomes most proficient and most careful, and accidents are almost unknown in their clinic. I believe the idea is a splendid one and should be put into practice here in this hospital. Many of you nurses could take it up as a special work, and I am sure you could accomplish much in this line and in such work. It would not only be preferable to private nursing, but would be doubly remunerative for you. It would open up a new sphere for the nurse, and one for which she is quite suited.

One thing about their anaesthetics, which particularly interested me, was the flow of language which the nurse always made use of to anaesthetize her patient. One would believe she was talking him to sleep, the object being to keep his attention off the preparations which are being made around him, and thereby induce anaesthesia more rapidly. A nurse is most suitable for this purpose. There are five leading surgeons at the Mayo Clinics—Dr. Charles Mayo, Dr. William Mayo, Dr. Judd, a brother-in-law; Dr. Bulfour, a son-in-law; Dr. Beckman. So you see it is a real family compact.

To me, all appeared of equal superlative ability. Operations are performed in the neatest, quickest, and most systematic way. Extensive resections of bowel and stomach, with subsequent gastro-enterostomy, are done in forty-five minutes or less, and done most thoroughly. This lessens very materially the danger of operative shock, and increases, in the same proportion, the patient's chance of rapid recovery.

If it is a growth which is to be removed a special pathologist will give a report upon it inside of a few minutes, so that the operator knows exactly the extent of the operation he shall have to perform.

The Mayos are not, or at least do not appear to me as being, of the Murphy type, but they seem to have the science of putting into practice devices that others have thought out first, and doing this with an improvement upon the method of the originator.

These men are very kind to visiting surgeons, and after each case a short talk is given by the operator, and a reason for every stroke of the knife is advanced. One is particularly impressed with their dexterity, which, of course, is self-explanatory, if one considers the enormous number of cases they have operated upon. Their technique is so perfect that you cannot but be amazed at their wonderful ability.

You soon realize for yourself that their reputation is well deserved, and it is not surprising that patients from even this very city seek to obtain relief at the hands of the Mayo brothers.

There are always from thirty to forty visiting surgeons to be found in Rochester, and a surgeons' club is in existence.

Every afternoon at 3 p.m. a first assistant lectures on the after treatment of the cases operated upon during the morning, whereas, at 8 p.m., a lecture on some surgical topic is also given by a member of the hospital staff.

While there, of course, one talks surgery at the hospital, during his meals, and dreams about wonderful operations during his sleep, and becomes afterwards such a follower of their methods as to entertain with his gossip whosoever is kind enough to listen to him, as you have so kindly done.

ANNUAL MEETINGS.

At the Annual Meeting of The Canadian Society of Superintendents of Training Schools for Nurses, which will be held in Halifax, N.S., July 8th and 9th, addresses and papers upon the following subjects will be presented:—

"Preliminary Training"; "The Standard Curriculum"; "Are Our Nurse Training Schools Educative"; "Paid Teachers in our Training Schools"; "Nursing Ethics"; "The Management of the Smaller Hospital"; "The Advantages and Duties of the Supervisor in the Nurses' Residence"; "Principles Instituted by Florence Nightingale"; "Nursing in Contagious Diseases"; and "Massage."

We are also hopeful of procuring something upon nursing conditions in Labrador and in the Yukon.

There will be a Question Drawer and a Literature Table, for which a good supply of Nursing Journals and other Hospital and Nursing Literature has been promised.

It is earnestly hoped that there will be a large attendance at this meeting. Will not the members from the Western Provinces, as well as a large delegation from Ontario and Quebec, come to participate in this convention, and thereby bring enthusiasm and inspiration to our workers in the various Training Schools of the Maritime Provinces? This is a special privilege, too, for the Superintendents of these Training Schools, and will they not all show their interest and appreciation by coming to Halifax to give and to get helpful ideas in this conven-

tion, the first of its kind ever held in the Maritime Provinces? Let us unitedly strive to make it a Canadian Society in the broadest sense, with representation from every Province.

The sessions of this convention will be immediately followed by those of The Canadian National Association of Trained Nurses in the same building on July 10th and 11th. On Sunday the 12th, a special mass meeting will be held.

On July 13th and 14th the Canadian Association for the Prevention of Tuberculosis will also meet in annual convention in Halifax. So an interesting and profitable week is thus promised to all who will avail themselves of the opportunity.

As was announced in the April issue of The Canadian Nurse, splendid rates have been obtained on the railway. All delegates will pay one single first-class fare, plus one-third, for Halifax, and procure a Standard Convention Certificate. These tickets with certificates can be procured at any starting point from July 4th to 10th inclusive. The certificate will be honored at Halifax until July 18th, and tickets will there be given for continuous return passage. Delegates must not fail to procure the Standard Certificate when buying tickets for Halifax for of course without such certificate no reduction can be procured.

Hotels, with rates, are as follows :

"The Queen"—$2.50 to $4.00 per day for single rooms, 10% discount for double rooms.

"The Halifax"—$3.00 and upwards per day.

"The King Edward"—$2.50 to $3.50 per day.

"The Carleton"—$2.00 per day.

"The Birchdale"—$2.00 per day.

It will be more satisfactory if delegates to both of our conventions will make their own hotel reservations a few days before coming to Halifax. They will thus be sure of better accommodation during the busy tourist season.

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES

Toronto, April 6, 1914.

To the Editor of The Canadian Nurse:

Kindly allow me to present for publication in the May issue of "The Canadian Nurse" a short sketch of the program for the annual meeting of The Canadian National Association of Trained Nurses, which will be held in Halifax, N.S., July 10th and 11th, 1914.

The program has been divided into sections:

1st. The morning session, July 10th, will be devoted to Addresses, Reports, and Elections.

2nd. "The Public Health" Section, at 2.30 p.m., con-

sists of short papers, with five-minute discussions, on the following subjects: The Victorian Order of Nurses, School Nursing, Tuberculosis, Child Welfare, Hospital Social Service, Army Nursing, Dental Nursing, Insurance Nursing, and Commercial Welfare Work.

Among the contributors we are pleased to include such able speakers as Dr. W. H. Hattie, the new Provincial Health Officer for Nova Scotia, on "Tuberculosis," and Dr. Frankel, of the Nursing Service of the Metropolitan Life Insurance Company, of New York, who has kindly consented to give us a report of the Canadian branch of the company.

3rd. "The Private Nurse" Section. "The Qualifications of the Successful Private Nurse" will be skilfully handled by Miss Clint, of Montreal. "Nurses' Clubs" and "Registries" will each bring forth interesting papers. "The Menace of the Short Term and Correspondence Schools" should appeal to all hospital graduates. And we feel sure a paper on "The Value of the Practical Nurse," by Miss Davis, Mutual Benefit Association, Brattleboro, Vt., deals with a subject that the trained nurse can not afford to ignore, and will be all the more interesting in view of the fact that this subject is soon to be placed before the Toronto Nurses.

4th. "Registration" Section includes a resume of what is being done and what has been accomplished regarding "Registration" in all the provinces of the Dominion.

"The Status of Nurses in Great Britain" we hope to have presented by an interested member of the profession in London, England.

And a report of "What Legal Rights a Nurse can Demand" completes a program which the committee feels should be of interest to all members of the nursing profession.

When we consider the interest the Nurses of the Western Provinces and the Maritime Provinces are evincing, one Association in the far West sending no less than three delegates, and the others considering the question, surely our own Province will make a special effort to urge every member of the profession to attend. The splendid railway arrangements are an added inducement.

Agnes W. Paffard,
Convener of Program Committee.

The following arrangements have been authorized, viz.: Subject to acceptance by applicants, lowest one way first class fare and one-third, plus twenty-five cents, on certificate plan, regardless of numbers in attendance, the twenty-five cents to be collected by special agent at the time certificates are validated. Going tickets and standard convention certificates to be issued to Halifax, N.S., July 4-10th, inclusive, to be honored at Halifax until July 18th, for continuous passage tickets

through to original starting point, via direct route, the return limit being extended to enable the delegates to also attend meetings of the Canadian Anti-Tuberculosis Association, July 14-15th.

G. H. Webster, Secretary,
Eastern Canadian Passenger Association, Montreal.

THE INTERNATIONAL MEMORIAL TO FLORENCE NIGHTINGALE.

At the Annual Meeting of the Canadian National Association of Trained Nurses, it will be decided what part Canada will play in connection with the International Memorial to Florence Nightingale.

Our readers will remember that at the last meeting of the International Council of Nurses in Cologne, it was decided to establish an International Memorial to Florence Nightingale in the form of a Chair of Nursing in a University in her native land.

Each country will send its contribution to San Francisco to be presented to the President of the International Council, Miss Goodrich, at the triennial meeting in 1915.

It is hoped that all delegates will come to the National meeting in Halifax in July, 1914, prepared to make suggestions as to the best way to collect the offerings of the Canadian nurses for this memorial to the beloved mother of Trained Nursing. M. Ard. M.

REGISTRATION.

Miss K. A. Cotter, President of the Manitoba Association of Graduate Nurses, gives the following information for the benefit of those concerned, in the March number of the Nurses' Alumnae Journal of Winnipeg General Hospital:

"Many inquiries are being made from all quarters regarding the method of procedure, now that we in Manitoba have a law respecting Registered Nurses. The preamble of the Act will doubtless convey to you the 'ideal' the Manitoba Association of Graduate Nurses had before them: 'Whereas the profession of nursing the sick is extensively practised in the Province of Manitoba, and it is expedient for the protection of the public that a certain standard of qualifications should be required of each practitioner of the said profession, and a certain measure of protection should be afforded to such practitioner possessing the said qualifications,' etc. The Act as passed does not make provision for the other Provinces, but the M.A.G.N. have that question under consideration, and doubtless ere long that problem will be solved. The Act was assented to February 15, 1913, and came into force at that time, and makes provision for all nurses who had practised the profession of nursing in the Province of Manitoba at least one year previous to the passing of the Act. The Registrar of the University of Manitoba was appointed as the one to whom all applications for regis-

tration should be made. The application blanks call for a letter from the Lady Superintendent of the Hospital where trained, two letters from practising physicians in the Province of Manitoba, and accompanying these the original or certified copy of diploma obtained at graduation. For those nurses who are 'unfortunate' enough not to have graduated previous to 1912, the Act requires that the University of Manitoba shall make provision for all examinations and examiners. The first examination is set for September, 1914, and will be conducted at the University in Winnipeg. The By-Laws of the Association have set the fee for registration at ten dollars, and upon being approved by the Registrar of the University and passed by the Board of Managers of the M.A.G.N., and upon payment of fee, Certificate of Registration will be issued by the M.A.G.N., the Secretary of which is Mrs. W. J. Hill, 360 Oakwood Avenue, Winnipeg. Application blanks will be furnished on application by Mr. W. J. Spence, University Registrar, or Mrs. Hill."

Colorado Nursing News has the following on State Registration: "Who has not heard the question: "Of what use is registration to me?" Registration has benefited and elevated the whole profession, and what benefits the whole benefits the individual: but to get gold out, one must put gold in. State registration is of vital importance, not only to the graduate nurse but to the public, to the hospital and to the pupil. Registration is the only way the public can be protected in its rights, and it has raised the standard of the training schools.

All of the laws have their weak places; laws cannot put the unethical nurse out of existence; they cannot make good nurses nor honorable women; they cannot change the character of the nurse; but they can expose the nurses who sail under false colors and who claim to be trained when they are not.

Colorado has a compulsory law, and no nurse has a right to practice as a trained graduate nurse unless she is registered by the State Board of Nurse Examiners.

Over fifteen hundred nurses have been registered in Colorado."

New Brunswick

At a special meeting of the St. John Graduate Nurses' Association, held at Miss Hegan's Private Hospital, St. John, N.B., it was decided to change the name to The New Brunswick Graduate Nurses' Association. It was also decided to apply to The Canadian National Association of Trained Nurses for affiliation.

CORRESPONDENCE

Toronto, March 21st, 1913.
30 Brunswick Ave.

Dr. Groves,
Royal Alexandra Hospital,

Dear Sir:—

I have been instructed by the Executive of the Graduate Nurses' Association of Ontario to send you a copy of the Resolution which was passed unanimously by that committee at the meeting held March 20th. 1913.

"Resolved that the Executive of the Graduate Nurses' Association of Ontario disapproves of pupil nurses being sent out by the hospitals to do private nursing during their training as it is unfair to the pupils themselves, and also to the graduate nurses."

Yours truly,

Jessie Cooper,
Cor. Secy.

Fergus, Ontario, April 2, 1913

Miss Jessie Cooper,
Sec. Graduate Nurses' Association of Ontario, Toronto.

Dear Madam:—

I beg to acknowledge receipt of your letter, including copy of resolution of committee.

Permit me to say that I differ totally with the opinion of the Executive as expressed in the resolution in so far as it refers to the sending out of pupil nurses. I protest most strongly against the statement that "it is unfair to the pupils themselves," because, to put it mildly, the statement is absolutely contrary to the fact so far as this hospital is concerned. A foundation of truth would add stability even to resolutions of the Executive of the Graduate Nurses' Association of Ontario. I recognize how serious a thing it is for this hospital when the Executive of the Graduate Nurses' Association of Ontario "disapproves" of our method of doing our own business, but we must make allowance considering that the Graduate Nurses' Association of Ontario is a rather juvenile institution, with all that that implies. When time has broadened their knowledge and matured their judgment they may not be so ready to express their disapproval, before their opinion is asked, concerning the doings of others who are striving in their own way to do their own work even if they do not choose to be governed and directed by such an august body as the Executive of the Nurses' Association of Ontario.

Very truly yours,
A. Groves.

Toronto, October 9th, 1913.
30 Brunswick Ave.

Dr. Groves,
Royal Alexandra Hospital, Fergus, Ont.

Dear Dr. Groves:—

The Executive of the Graduate Nurses' Association of Ontario wish respectfully to draw your attention to Article iii. of the By-Laws of the Association in marked copy enclosed, and request you not to use any longer on your reports and forms used in connection with the training school for nurses of your hospital the statement: "Graduates of this school are eligible for membership in the Ontario Association of Nurses." I am,

Very truly yours,
Jessie Cooper,
Cor. Secy.

Fergus, Ontario, Nov. 3rd, 1913.

Miss Jessie Cooper,
Coresponding Secretary, Graduate Nurses' Association of Ontario.
Toronto, Ontario.

Dear Miss Cooper:—

Your letter of October 8th was received, but while it is nice not to be forgotten, I do not see in what way the admonition and request of the Executive of the Graduate Nurses' Association can apply or ought to be directed to the Royal Alexandra Hospital or to its training school for nurses. So far as I know we have never used the name of your Association on anything connected with our training school. On the contrary we try to make it very clear that our graduates are entirely free and independent of any union or association. Ours is indeed a small hospital and young, but then the Executive of the Graduate Nurses' Association of Ontario was once young itself. It might have indeed exerted a sort of maternal supervision of us during our infancy, but your Association in its wisdom thought otherwise. It would not wish to be contaminated by graduates from a small hospital.

The crime of being connected with a small hospital is one to which we must plead guilty, but time will shrive us of that sin for this hospital is growing rapidly. As yet amongst hospitals we are as one of the little children and on that account are cast into outer darkness. For how could there be light where your executive was not. Once, however, there was a Teacher who differed from you in that He cared for the weak and lowly and suffered the little children to come to Him, even taking them in His arms. He would not have spurned a sister nurse because she was trained in a hospital with only twenty-four beds, all filled, but then He never sat at the feet of the Executive of the Ontario Graduate Nurses' Association, where He might have learn-

ed wisdom and the worship of the big interests. He scorned not those of low estate and even in the case of a grievous sinner His "Neither do I condemn thee" has rung down through all the ages as the voice of infinite justice until it struck the adamantine rock of your Executive and, there repulsed, became to their ears the false and failing echo of a voice which dared to speak before your incorporation.

You speak of yourselves as the "Graduate Nurses' Association of Ontario," which is true, in the same sense, as was the petition of the nine tailors of Tooley Street, which began: "We the people of England," but it is true in no other sense. Had your Association desired accuracy and strict adherence to truth you would have named yourselves "An Association of some of the Graduate Nurses of some of the Training Schools of Ontario." That would have been truth, but it would not have been so impressive.

I am,

Yours very sincerely,

A. Groves.

Toronto, November 28th, 1913.

Dr. Groves, 30 Brunswick Ave.

Royal Alexandra Hospital, Fergus, Ont.

Dear Dr. Groves:—

At the regular monthly meeting of the Graduate Nurses' Association of Ontario, held November 27th, 1913, the curriculum of your training school and letter were placed before the committee, and according to their constitution the graduates of your school are not eligible for membership in the Graduate Nurses' Association of Ontario.

Your very truly,

Jessie Cooper,

Cor. Secy.

Fergus, Ontario, Dec. 29, 1913.

Miss Jessie Cooper,

Corresponding Secretary Graduate Nurses' Association of Ontario.

Dear Miss Cooper:—

I see in your letter of December 1st that your Association decided as to the eligibility of graduates of this training school for membership in your Association and you mention that the curriculum of this school was placed before the committee, but so far as I am aware there was no request made by this hospital or its training school to have its graduates declared eligible for membership in your Association, and it struck me as unusual, for ladies, I believe, are not in the habit of giving either a negative or affirmative answer before they are asked. However, in this advanced and forward age, old-fashioned

formalities appear sometimes to be burdensome in spite of their being dignified and ladylike.

In so far as your Association aims at high and noble things and does its work in that broad spirit of charity which can say to an erring sister "Neither do I condemn thee" even though she had been guilty of the heinous crime of graduating from a small school, I wish you every success. Time will give your Association age, age will give experience and experience reflection from which by slow and weary steps will come wisdom, which is the forerunner of humility. In this age when mere bigness covers every sin, one can hardly wonder at your being infatuated with the big training school. Time will cure that weakness as it does measles and other childish things. Seriously, I wish you and the Graduate Nurses' Association a happy and prosperous New Year. Sincerely yours, A. Groves.

The Royal Alexandra Training School for Nurses gives a thorough course in all branches of Theoretical and Practical Nursing. The Course covers a period of three years, and graduates of this school are eligible for membership in the Ontario Association of Nurses.—From the Eighth Annual Report of the Royal Alexandra Hospital, Fergus, Ont.

Mrs. Bowman, Superintendent of the B. & W. Hospital, Berlin, Ont., wishes to thank those Superintendents who have kindly responded to her request for a Picture Post Card of their Institutions. She requests that those who have not yet responded will kindly do so. These cards are to be mounted and will be on exhibition on the Literature Table at the Convention.

THE AMERICAN NURSES' ASSOCIATION.

This Association holds its Annual Meeting this year on April 23-29 at St. Louis. The League for Nursing Education and the National Organization for Public Health Nursing meet at the same time and place.

The tentative programs of the American Nurses' Association and of the National Organization for Public Health Nursing are published in the March number of *The Pacific Coast Journal of Nursing* and should prove both helpful and inspiring to workers in all branches.

We note that one session is devoted to Registries. "Registries have great possibilities of professional helpfulness." "How can they be developed along business, vocational and research lines?" These are the headings which will be further elaborated. Much valuable information and many helpful suggestions will result from this discussion, just such information and help as many nurses interested in this question are eagerly looking for.

Editorial

THE CANADIAN NURSE.

"Go on, going on," was the wise and thoughtful advice given to the members of The Association of Nursing Superintendents of India by the President. *The Nursing Journal of India* says: "Does it not appeal to us as being wise and good for all those who have a purpose in their lives, a task to accomplish, a goal to reach? Does not all depend on whether they keep "going on"? Difficulties must arise, discouragements must be encountered, hope may begin to fail, but there is a remedy; in spite of all keep going on, then the difficulties will surely be overcome, the discouragements conquered, hope will revive. Let there be no turning back, not even a turning to one side, but keep going straight on, keeping the goal in view."

Yes, wise and good advice truly! It appeals to us strongly. Difficulties arise in doing anything that is really worth while, but the surmounting of the difficulties is a wholesome discipline and is sure to lead to the clarifying and broadening of one's vision, to still higher ideals, and to the exercise of greater energy and enthusiasm in striving for the realization of these ideals.

Some of this stimulating experience comes to The Canadian Nurse occasionally, sometimes in the way of helpful suggestions and practical assistance, sometimes merely as—well, as a sort of pulling to pieces, with no suggestion as to methods of improvement.

Here is one criticism from "A Western Nurse": "As a Toronto paper your little magazine no doubt does good work, or Ontario—but why 'Canadian'?"

Another, also from a Western nurse, strikes a different note: "The Canadian Nurse is simply splendid—April copy has just arrived." This last writer has helped to build up the magazine and again promises assistance. "You will hear from me very soon." The difference you see.

The Canadian Nurse welcomes criticism, has always done so, for helpful criticism furthers growth, and that spells progress. The nurses of Canada have repeatedly been asked to co-operate in building up the magazine and making it representative of all the nurses, a magazine really worth while. Many have responded. Some have not yet realized that the opportunity is theirs, the call is to them to come in and assist. That the interest is greater than ever before is a matter of encouragement, but the goal is not yet reached, not by a long way, so we will still "keep going on."

PUPIL NURSES.

The sending out of pupil nurses from the hospital to do private

nursing in the homes has been discussed in our pages before. All the leading nurse educators condemn the practice.

In November, 1913, we noted the points that had been emphasized by the Canadian Society of Superintendents of Training Schools for Nurses, though, unfortunately, that Society had not put itself on record as standing for a definite principle in the matter.

The letters appearing under "Correspondence" in this issue show that The Graduate Nurses' Association of Ontario has been trying to do something in behalf of the pupil nurses of one hospital, with what success may be gathered from a perusal of all the letters. The Association took this matter up at the request of some of its members who are graduates of this school.

Pupil nurses should not be exploited by hospitals to replenish their treasuries. These young women go to these hospitals in all good faith, for the education and training that will fit them to be worthy members of the nursing profession. Are they getting this education and this training when they are thus sent out away from supervision? We think not.

This is a serious question that calls for adjustment. Careful thought is necessary that the adjustment may be right, and wise, and just to all. All nurses should consider this question with earnest deliberation, and register a definite decision, and this decision should be impressed upon our hospital authorities so forcibly that none could afford to ignore it.

REGISTRATION IN GREAT BRITAIN.

We note in *The British Journal of Nursing* that a majority of 229 favored the introduction of the Nurses' Registration Bill for its first reading. The fact that a division was called for and the question put to the test with such encouraging results goes to prove that State Registration is not so far off for the nurses of the United Kingdom as they seemed to fear. Good, faithful, persevering work in a just cause is bound to be rewarded with success. May the success soon come!

THE MODERN HOSPITAL.

This magazine, the first number of which was published in September, 1913, is "a monthly Journal devoted to the building, equipment, and administration of Hospitals, Sanatoriums, and Allied Institutions, and to their Medical, Surgical and Nursing Services." Its scope for usefulness is thus practically unlimited.

The Editors, all men of recognized strength and leadership in Hospital affairs, are: Henry M. Hurd, Baltimore; Frederic A. Washburn, Boston; Winford H. Smith, Johns Hopkins Hospital, Baltimore; S. S. Goldwater, Mt. Sinai Hospital, New York; James G. Mumford, Clifton

Springs, New York: W. L. Babcock, Grace Hospital, Detroit: John A. Hornsby, Tower Building, Chicago. The Editorial Office is in the Monroe Building, Chicago; and the Business Office in the Metropolitan Building, St. Louis.

The Modern Hospital has opened a Department of Nursing under the Editorship of Miss Mary M. Riddle, Superintendent of Newton Hospital, Newton Tower Falls, Newton, Mass.

This appointment will give peculiar satisfaction to nurses everywhere, for Miss Riddle's high ideals, breadth of vision, and clear, sane judgment have many times been demonstrated. That the department will be ably managed and prove a source of helpfulness and strength to the profession is assured.

The Annual Convention of the Canadian National Association of Trained Nurses will be held in Halifax, N.S., early in July, 1914. An excellent programme is being prepared by the Committee which has that in hand, under the able convenership of Mrs. Paffard, and reduced rates are being arranged by the railway companies, with very generous limits.

This convention promises to be one of the best the Association has had. Halifax—"Storied Halifax"—with its beautiful setting, the land-locked harbor, the Arm and Bedford Basin, with its parks, the famous public gardens, the Citadel, the parade, and its splendid public institutions, has a peculiar fascination for those who know its history, and who will allow the charm of this capital of the "Mayflower Province" to sink into their hearts.

The Maritime Provinces take a wonderful hold on one—there, we believe, are to be found THE beauty spots of Canada, and history and romance has done much to endear to us that part of our country. To those who can tarry a while after the deliberations of the convention and explore the Land of Evangeline, the beautiful Bras d'Or Lake region in Cape Breton, the fair Annapolis and Wentworth Valleys, or take the trip up the St. John River—the Canadian Rhine—will feel they have been more than repaid and, as the summers return, unconsciously their thoughts will travel to the Provinces by the sea, with a longing to again enjoy their varied beauty.

It is hoped that every nurse who can possibly attend the conventions will do so this year. They are all needed and they need to meet with their sister nurses and deliberate on what should and what should not be done to make our profession what it should be. With the membership of the Canadian National, we should muster many hundred strong around old Citadel Hill in July, 1914.

M. A. M.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

Nursing: Care very much about the tone of your profession. A nurse must believe that nursing is the highest life possible for her—only so can she maintain the standard which the Guild puts before her for "so high and sacred an employment."

Think of Hospital Nursing. What is the ideal of a Hospital? Hospital, Hospitality, Host (or Hostess), all come from the same root and all have a common origin in Hospes, "a guest." The ideal of a Hospital is that of a Guest-House—Maison Dieu was the name of the earliest known European Hospital.

A Hospital, then, is God's Guest-House—the matron is the Hostess—the "Matrona," the "Mater," the "Mother" of the house; and like the ideal mother, she will be a "mater Misericordiae" and all that this means. The nurses are her representatives—daughters of the house, acting for the Hostess, in charge of her guests. The patients are her guests. What follow? Courtesy from each to each and from each to all; courtesy from matron to nurse, from nurse to probationer, from probationer to matron and nurse; courtesy to all the "guests," who in turn will return it, perhaps half unconsciously, to all about them.

A heavy responsibility rests upon every matron, every nurse, every probationer, to raise, maintain and hand down the tone of her Hospital as "making for the ideal." From "In Watchings Often."

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-Pres., Mrs. W. S. Tilley, 157 William St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors, Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hosp., Toronto; Mrs. MacConnell, 514 Brunswick Ave., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The regular meeting of the Executive was held on March 25th. Mrs. Tilley in the chair, and fifteen members present. There were also present representatives from each association in Toronto to discuss with the Executive the advisability of organizing a Toronto Chapter. Treasurer's report showed the bank balance to be $297.94. Two applications were received. The Nominating Committee submitted its report, and the ballot papers will be printed and mailed to members. Any members with new addresses should lose no time in reporting to the secretary. It was decided to call a mass meeting of Toronto nurses with the object of forming a Toronto Chapter. The chairman of each of the four chapters was invited to this meeting.

Those in arrears to the treasurer are reminded that only members in good standing have the privilege of voting.

The mass meeting of Toronto nurses was held on March 31st, when it was decided to organize a chapter, and a committee was appointed to nominate officers, etc. Home nursing was also discussed. A committee was appointed to gather information and report at next meeting.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

REGISTRATION.

1. The reasons impelling the nurses to ask for Registration :

Registration means that by an Act of the Provincial Legislature definite standards will be set by which all women desiring to be professional nurses must be measured.

There will probably be such clauses as the following:

A definite standard of preliminary education will be established.

A uniform length of time of training will be insisted on for all hospitals in the Province.

The curriculum of studies will be standardized—examinations on the theoretical side of nursing will be controlled by a Provincial Council.

Nurses coming to the Provinces from training schools outside of it will be required to show credentials from their own State Board of Examiners, or will be required to pass the examination of the Local Board.

No woman will be allowed to call herself a registered professional nurse who has not obtained a license to practice from the Provincial Council. To do this she must necessarily have gone through the full course of training, and passed the prescribed examinations.

No restraint is placed on the untrained woman desiring to practise.

She is simply debarred from pretending to be what she is not. There seems to be a general impression that State legislation means an attempt to exclude these women from practice. This on the face of it is impossible.

We suggest some such provision as the following in the bill: "The provisions of this bill are not active against nursing for hire by un-

trained persons, providing such persons do not style themselves Registered Nurses.'' This provision is to be found in the State of Maryland statute.

No doubt all nurses who have already graduated and those now in training must be allowed to register without passing any further examinations.

2. Position of the matter in other places.

At the Convention of Superintendents of Training Schools for Nurses held in May, 1911, it was decided to form a Dominion Registration Committee.

So far everything is going well, though they have not yet been able to arrive at the model bill stage. All the Provinces with the exception of New Brunswick and Prince Edward Island, have organizations working for Registration—Nova Scotia has its Graduate Nurses' Association, with excellent constitution and by-laws, and the nurses are very much alive to the need for Registration.

In Ontario the Graduate Nurses' Association has been working for a long time on their bill, and have done a good deal of work in the way of educating and enthusing the various nurses' organizations in Ontario in the subject of Registration. That fact makes the recent action of the Ontario Government in rushing through a most inadequate measure without having conferred with any members of the Association all the more puzzling.

Manitoba has got its bill enacted into law this year.

Saskatchewan has been busy and already has sent into the committee a proposed bill.

Alberta has two Associations, the Calgary and Edmonton Graduate Nurses' Associations. They have been endeavoring to unite so as to work more effectively for Registration. Probably by this time the union is an accomplished fact.

In British Columbia there are three large Associations, the Vancouver Graduate Nurses' Association, the Victoria Nurses' Club, and the New Westminster Graduate Nurses' Association. The two first-mentioned have been working for some time on Registration, and steps are now being taken to unite the three, so as to form a British Columbia Association. Meantime the constitution for the proposed Provincial Association has been drawn up and a proposed bill drafted, and all three Associations are busy raising funds to meet the expense of bringing the Registration Bill before the Legislature.

(The Graduate Nurses' Association of British Columbia held its second annual meeting on April 13-14, 1914, and has had its bill before the Provincial Legislature twice. However, it is not yet passed. Ed.)

CHIEF SUPERINTENDENT'S ANNUAL REPORT

As our sixteenth milestone recedes and we chronicle the happenings of the year and are hurried on toward our seventeenth milestone, we cannot help but feel that the year nineteen hundred and thirteen has been a most successful one, marked by increase in work accomplished, by increased interest, and what is of still greater importance, by a broadening of our horizon. Wonderful possibilities loom up before us, not only beckoning us but urging us to still further efforts, would we fulfil the trust put upon us in the year eighteen hundred and ninety-seven?

In this report we wish to tell you some of the happenings of the year nineteen hundred and thirteen, and to put before you, for your serious consideration, suggestions for making the Victorian Order of Nurses a still more potent factor in the health and welfare campaign.

According to our records, our nurses in the districts and hospitals throughout the Dominion have cared for 38,322 patients, and the district nurses have made 281,006 visits, 9,949 of which were in response to night calls. Six hundred and fifty-seven and a half days' continuous nursing was reported and 57,690 hospital days. Analyzing and comparing these with last year's statistics, we find that 7,385 more patients were cared for, 69,466 more visits paid, 2,335 more night calls responded to, and 167½ more days' continuous nursing done, than in the year 1912.

Seventy nurses have been admitted into the Order, fourteen have returned, five are on the Reserve List, two have been dismissed and thirty-nine have resigned. The reasons for the resignations are manifold: Six have resigned to be married, four on account of ill-health, five by request, four to take up other work, twenty to pursue their profession elsewhere.

The total number of nurses in active service under the Order at the present time is two hundred and seventy, an increase of thirty-

eight during the year. They are distributed as follows: Nurses in districts, 172; nurses in hospitals, 747; nurses taking post-graduate course in Training Homes of the Order, 24; and nurses in training in the hospitals, 27.

Sixty-two visits of inspection have been made by the Chief Superintendent and twenty-six visits for organization.

Fourteen new branches have been opened, viz.: Districts at North Bay, Brockville, Hespeler, New Westminster, Steveston, Arnprior, Hawkesbury, Westmount, Cornwall and Whitby; a Country District at Roblin, Manitoba; a Lady Minto Hospital at Ashcroft, B.C., and the Royal Cariboo Hospital, at Barkerville, B.C., in affiliation, and a Lady Minto Hospital will be opened at Chapleau, Ontario, this month. Besides these, a grant has been promised toward a hospital at Ganges, Salt Spring Island, which is under construction, and toward a hospital at Edson, Alberta.

Eleven branches have increased their nursing staffs during the year, viz.: Montreal, Toronto, Ottawa, North Bay, London, St. John's, Sherbrooke, Kelso, Vancouver and North Vancouver.

In all of the branches there has been a steady growth in work and interest, and never before in the history of the Order have so many letters of commendation of the nurses' services been received at the Head Office, as during the year just closed.

To dwell for a short time on the growth in some of the branches: At the Pacific Coast, Victoria is doing good work; the two nurses are kept busy and excellent work is being done in connection with child welfare.

The Vancouver Branch is growing very rapidly and is doing excellent work. We wish to mention specially their Child Welfare Work. This is one of our training centres. An excellent course of lectures was given during the year, and the city affords every facility for a broad educational course in Public Health Work, which is being taken advantage of by the Local Committee for their post-graduate students.

The many branches in the vicinity of Vancouver are all doing excellent work. A second nurse has been added to the North Vancouver staff, so that the need for nursing care in the district—Lynn Valley and Capilano—might be met.

Very good work is being done in South Vancouver. They have two nurses, and a third is to be added for the Collingwood district.

The Burnaby district has had a splendid year. They have two nurses. At Steveston, one nurse is working and is very much appreciated.

New Westminster was opened early in the year with one nurse and promises to be a good point later on.

The work in the Queen Victoria Hospital at Revelstoke, and in the Victorian Hospital at Kelso, has almost doubled.

The hospitals in the historic Cariboo country at Quesnel and Barkerville, are doing well. The new Lady Minto Hospital at Ashcroft has had a good beginning. It is a handsome little building, well-equipped, and the Board deserve every praise for the able way in which they are handling hospital affairs.

In Edmonton, there is every indication of expansion. The work has more than doubled, and a good Committee is working on the plans for a Nurses' Home. Miss Deacon, the Head Nurse, who has given every satisfaction, has received the appointment of District Superintendent at Vancouver.

Calgary has had a good year, but the growth is slow.

The Country District at Innisfail is doing well, and before long we trust to have a Nursing Home and two nurses there.

The little Hospital at Islay is holding its own. It is a difficult problem to raise the necessary funds for maintenance.

From Melfort, the reports are excellent, as always. The Hospitals at Yorkton and Indian Head are progressing favorably. The hospital at Indian Head has been improved by an addition to the building.

The Saskatoon district, which was opened a little over a year ago, is doing splendidly. The Committee is very wide-awake, and is keeping the district up-to-date.

The Winnipeg Committee reports a most successful year. They are planning to extend their territory by placing a resident nurse in the North End.

The new Country District at Roblin, Manitoba, which was opened in October, is doing splendidly. It has been started with one nurse, but the Committee is working toward a Nursing Home and two nurses. The nurse is doing the School Nursing for the district. This is very conveniently handled there, as Roblin has a splendid consolidated school.

Hospitals at North Bay and New Liskeard have had a good year.

The district at North Bay, which was opened during the year, is a great success—a second nurse has already been added to the staff.

Cobalt, Gravenhurst, Bobcaygeon, Brockville, Kingston, Stratford, Galt, Berlin, London, Dundas, Hamilton and Brantford districts have all done exceptionally well this year.

The new districts at Hespeler and Preston have had a good year, and the Committees are working with great enthusiasm.

The Toronto district has had several changes: Miss Eastwood who had been District Superintendent since the opening of the branch and had proved herself a loyal and faithful worker for the best interests of the Order, resigned, and has been succeeded by Miss Alice Touche, who is well fitted to fill the post satisfactorily. The work in Toronto has been handicapped by insufficient home accommodation,

but that is being dealt with by the Committee, and we trust that before long the Toronto branch will be in a position to cope with the great increase of work which is presenting itself. The possibilities there for good work are wonderful, and the Victorian Order can render most valuable assistance in solving all the varied problems in the public health and welfare campaign which is being carried on there.

Toronto is one of the Training Centres of the Order. The Committee have made arrangements to send their post-graduate students for three weeks to the Evangelia Settlement in order to give them an insight into that branch of Social Service Work.

The Ottawa district reports a banner year. They have a staff now of sixteen nurses. Very good work has been done in connection with the Child Welfare Work. Ottawa is a Training Centre, and arrangements are being made by the Local Committee to extend their lecture course and to give the students during their training an opportunity to observe the work in allied departments.

The hospital and district at Almonte, Ont., have had a very satisfactory year.

The Quebec branches—Montreal, Ste. Anne de Bellevue, Lachine, Grand Mere, St. John's and Iberville, Sherbrooke, Gaspe and St. Agathe—are all doing well.

Again, the growth in the St. John's and Iberville district has been splendid, and now five nurses are kept busy, 7,363 visits were paid, as against 5,436 last year.

The Daughters of the Empire, who assumed all the responsibility of the work in St. John's and Iberville for the first year, deserve great credit for their faith and for the able way in which they managed the branch. At the beginning of this year it was decided to broaden out and have the two towns—St. John's and Iberville—take the responsibility for the management. A most enthusiastic meeting was held and the branches reorganized on the broad lines indicated. That meeting was an "experience" meeting, and we wish all of you might have been present so as to have heard the many heartfelt words testifying to the services of the nurses.

The Montreal district has again made a good showing. The staff has been increased from sixty-one to seventy nurses. 128,546 visits were reported—an increase of 34,994 during the year and 5,757 of these were night calls.

In the special departments—school nursing, tuberculosis nursing, hospital social service, child welfare work, including the educative work in connection with the milk stations—very satisfactory service has been rendered.

During the year, the Westmount Committee asked for a separate V.O.N. Local Association for that city, and this has been granted. The

Committee of the new branch are very enthusiastic, and are working well to extend their usefulness.

When the Ste. Anne de Bellevue branch was opened, the King's Daughters Guild undertook the responsibility of the financing and management. The work progressed, and the nurse has been very much appreciated. At the beginning of this year, it was decided to reorganize on broad lines, and the King's Daughters handed over the management to a Local Association representing the whole community. Very great credit should be given the Guild for their enthusiastic work in connection with the district.

The branches in the Maritime Provinces are satisfactory. The St. John district has had a good year—the growth is slow but steady. It is very desirable that a Nurses' Home be established in St. John, in order that the branch may expand and that all the possibilities there may be taken advantage of.

Halifax has had a good year. The Clean Milk Station was opened in June and proved a great success. It will be reopened this Summer.

Dartmouth district, which was opened last year, has made a splendid beginning. The nurse made 1,888 visits.

Sydney again reports a satisfactory increase in number of patients and visits.

Truro, Yarmouth and Canso are keeping along with their good work.

That, in very bald terms, is a resume of the work accomplished. There is so much more in all of it than we can possibly put down in writing. Most of the greatest things in life are the ones we say least about—so with the Victorian Order of Nurses.

During the year many visits of organization and instruction have been made in connection with the Country District Nursing Scheme. As outlined before, a Model Country District includes a Nursing Home with at least two nurses—these Homes should be simple but comfortable, and should form the social centres for the various communities. In connection with the Country Nursing Scheme, the School Nursing in the rural schools will be attended to.

With the authority of the Executive Council, the offer which has been made in the various Country Districts is: That they organize, beginning with one nurse, raise what funds they can, and the Order will make up whatever deficit there may be. All Committees have been urged to work toward the Nursing Home and two nurses, and have been advised to estimate the approximate cost of building, equipping and maintaining such a Home, and to send them in to the Executive, stating what help is desired. There are still difficulties, but they are growing fewer and less formidable all the time. A great deal of edu-

cation will be necessary before the people in the country districts, as a whole, appreciate the trained nurse as a preventive factor. In this connection the method adopted by the Order in sending out a representative of the Executive to organize and instruct is particularly helpful in this branch of the work. It has been found, too, a very great help, having the sympathetic co-operation of the Women's Institutes, the Home Economics Societies, and the Home Makers' Clubs, as in those bodies of women we find organized the serious-thinking women of the rural parts of the country, who know the needs and the difficulties, and who can judge any scheme at once as to whether or not it is practicable.

In April the newly-appointed Assistant Inspector will enter on her duties. Miss Elizabeth Hall comes to this position well equipped for its duties by training and experience before and since coming into the Order. Miss Hall will do the detailed inspecting of the various branches, submitting reports of all inspections which will be kept on file at the Head Office.

The question of Training Centres has been dealt with very carefully during the year. A special report was prepared at the request of the Executive and the result was the appointing of a Special Committee on Training Centres. This Committee reported, making a number of important recommendations, chief among them being that time and opportunity be given the post-graduate students to observe work in the following departments: Child Welfare, Milk Stations, School Nursing, Associated Charities, Tuberculosis Work and Settlement Work; that the Lecture Course be extended, and that the nurses' libraries at the Training Centres be kept supplied with up-to-date books of reference on Visiting Nursing, and all Social Service Work. Again, we repeat, too much attention cannot be given to the all-important subject, the education of our nurses. We should see to it that our course is truly educative. Again, we repeat, it is very desirable that a Training Centre be established under the management and direct control of the Executive Council, for the financing of which the Central Board would be responsible, and the "raison d'etre" of which would be the education of the nurse.

We should respectfully suggest that the various Committees be urged to give special attention to Child Welfare. Many have arranged during the year for pre-natal visits, and for the following up of the babies to the end of the first year, but it is imperative that this be done in every branch, would they do their duty to the maternity patients who are nursed by the nurses of the Order. These are the two principal factors in reducing infant mortality. How can they be neglected? In this connection the importance of having well-managed Milk Stations for the educating of the mothers, wherever our nurses

are working, should not be forgotten, and the Committees of the Victorian Order should be the ones to urge on the City Fathers the need for such, and should do everything possible to have them established. The Victorian Order of Nurses does such a large part of the maternity nursing of the Dominion.

The Victorian Order Magazine has not yet taken shape, but, meantime, a very good suggestion was made by a member of the Vancouver Committee, that pamphlets be issued by the Central Office from time to time, on any special phase of Victorian Order work—e. g. on the relationship of the Order to Public Health Nursing.

If I may be permitted a few moments longer, there are several points I should like to put before you. In making my tours of the Dominion, I have been impressed with the tendency to interpret the Victorian Order on narrow lines, and it is in the hope that the representatives from the various branches may act as missionaries in their localities in correcting that tendency, that I bring this to your notice. It is around the subject of the relation of the Order to Public Health Nursing, that I shall group what I wish to say.

The activities of the Order may be divided very roughly into, first, nursing including actual nursing and instruction with a view to prevention, and, second,training of specialists in district and public health nursing. District nursing was a very simple affair at first—the nurse went in, cared for the sick one, put her room in order, and instructed those who were to be in charge between her visits, what to do, and ascertained if the proper food would be available for the patient. Then she passed on to another patient, and so on. The district nurse's horizon gradually extended, and we find the nurse taking cognizance of the sanitation, ventilation, living conditions, and general health of the rest of the household, mothering the whole family, as it were. Again the horizon extends and we find her looking after the sanitation of the city or town, which is an aggregation of homes—and with that extension, we find the changed attitude of the public, the medical and nursing professions toward the health question—which now emphasizes the preventive rather than the curative side. At the same time, and probably for the same reason as that changed attitude, we have the development of the Social Service idea. The result of these has been various specialized forms of Visiting Nurse Work, e. g. School Nursing, Tuberculosis Nursing, Child Welfare, Settlement Work, and Factory Nursing. The district nurse is necessarily a public health nurse and a Social Service Worker as well. Now, with all this extension, the Victorian Order has kept pace, and what is of the greatest importance, sixteen years ago provision was made in our Royal Charter for the training of specialists in all branches of visiting nurse work, and the Victorian Order is the only organization in Canada that is training nurses in this special line of work.

In looking over the whole field of public health nursing, we find that there is overlapping, and a lack of co-operation. What is needed is a Central Bureau, which will be the training and distributing centre for visiting nurses. Most of the organizations employing visiting nurses are organized for other purposes than training and supervising nurses—the nursing being incidental. For that reason, a Board of Health, Board of Education, the Associated Charities, an Anti-tuberculosis Association, Settlements, etc., do not desire to train nurses, nor are they the best agencies to do so, but it is absolutely necessary that nurses for this line of work should be specially trained for it.

The Victorian Order has provided for this in the Royal Charter, and it has been on that plan that the nurses have been trained and placed in our branches. Now, when a Local Association is formed in any locality, that Association is the interpreter to the locality of the broad principles of the Order, and they can be of the greatest service to the people by knowing, and pointing out to them, that the Victorian Order is the National District Nursing Association, trains specialists for all lines of public health nursing, is organized on the broadest lines, and its machinery so well arranged that they may have all the advantages which go with affiliation with such an organization, and at the same time, have practically local self-government. The Order is the broadest thing in Canada, is organized solely for the welfare of the people, and is the possession of the whole nation. For all of these reasons the Victorian Order is the ideal organization to provide the central training and distributing bureau mentioned above. The Training-Centre element would have to be very largely extended, of course, but it could be done, and would be of the greatest benefit in helping the nation to be well and happy and to remain so.

We need every Victorian Order Committee to be a missionary of those truths.

Before closing I wish to thank the Committees who have done so much for the work in their several localities, and particularly do we thank those who have borne witness to the breadth, harmony and beauty of the Order as a whole.

Again we thank our nurses for their splendid work in relieving and preventing suffering, for their loyalty to their profession, and hence to the Order. The various struggles and triumphs, the many acts of self-abnegation have not been recorded. We know, however, that there were and always will be such, but we must be content to leave them with the beautiful, unrecorded things.

All of which is respectfully submitted,

(Signed.) Mary Ard. MacKenzie, R.N.

March 5th, 1914.

HOSPITALS AND NURSES.

British Columbia.

Miss Robertson (V.G.H.), superintendent of the Nanaimo General Hospital, has given up her position there, and will spend the following month before her marriage in Vancouver with her sister.

Miss Pauline Rose (N.Y.), who has acted as superintendent of the King's Daughters' Convalescent Home, Vancouver, has accepted the appointment as superintendent of the Nanaimo General Hospital and took up her duties there on April 1st.

Miss Grace Woodward, R.N., graduate of St. John's, Riverside, Yonkers, New York, 1904, has resigned as superintendent of Ladysmith, B.C., General Hospital, and will retire to her home at Burnaby Lake for the summer months.

The new wing, containing ten beds, of Duncan General Hospital has just been opened.

It is announced that an early start will be made on the new Royal Jubilee Hospital, at Victoria, B.C.

The new buildings will be erected on the campus in front of the present buildings.

Manitoba.

Miss C. M. Bowman, whose marriage to Mr. Charles Stanley Bridgman was announced in the February issue, is a graduate of Toronto General Hospital and former superintendent of Hamilton City Hospital. She had been superintendent of Portage la Prairie General Hospital for eight years. Miss Bowman will be greatly missed by the Manitoba Association of Graduate Nurses, as she was one of our most active and interested members. Her experience and long life in the nursing profession made her most valuable in helping to secure legislation for nurses in Manitoba. We have lost one of our best, but we know we shall always have her interest and sympathy. The association wishes her every happiness.

Miss Jessie K. Purvis, graduate of Post Graduate Hospital and R. N., of New York, has been appointed to the position vacated by Miss Bowman.

Miss L. Newcombe, class '11, W.G.H., after spending the winter at Long Beach, California, has returned and is private nursing.

Miss A. L. McLaurin, class '05, W.G.H., and R.N. of New York, has left Fernie, B.C., and is night superintendent at General Hospital, Medicine Hat, Alta.

Miss Johns, class '02, W.G.H., has resigned her position on staff of the Good Samaritan Hospital, Los Angeles, Cal., and has accepted a position in Bellevue Hospital, N.Y.

Miss Jean Ramsay, graduate of Montreal General Hospital, and R.N. of New York, who has filled the position of superintendent of the

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Children's Hospital, Winnipeg, has resigned. Miss Pentland has been appointed to the position vacated by Miss Ramsay.

ONTARIO.

London: The April meeting of the Victoria Hospital Alumnae Association was held on Tuesday evening, 7th inst. A very interesting exhibition of "first aid" was given by the St. John's Ambulance Association, of London. William Loveday is the Honorary Secretary and Treasurer of this Association. The demonstration was very comprehensive, and included "first aid" for fractures, sprains, wounds, bleeding, etc., method of artificial respiration, and for transportation. It was quite interesting to see the young ladies improvise a stretcher out of their coats. Refreshments were served at the close.

The following appointments were made at the last meeting of the board of trustees of Victoria Hospital: Miss Margaret MacIntosh, as head operating room nurse; Miss Barbara Gilchrist, head of the Eye, Ear, Nose and Throat Department; Miss Lydia Whiting, as ward supervisor.

Collingwood: Miss M. Redmond, graduate of Collingwood General & Marine Hospital, class 1900, has resigned her position as superintendent of the Owen Sound Hospital.

Miss J. McDonald went out on her first case of private nursing after leaving the hospital.

The regular monthly meeting of the Alumnae Association was held at the Nurses' Residence, on Thursday, March 26th, but, owing to many of the nurses being busy on out-of-town cases, there was not so large an attendance as usual.

Sister De Sales, of St. Michael's Hospital, Toronto, has been seriously ill with pneumonia, but is now convalescing.

Sister Walberga, of St. Michael's Hospital, was operated on for appendicitis recently, but is now convalescent.

Miss Josie Brick, graduate of St. Michael's Hospital, Toronto, has been home visiting, and spent a few days in Toronto. She returns to Truax, Sask.

Miss Nicol has resigned her position as head nurse at Riverdale Hospital, Toronto, and gone on a holiday trip to Brandon, Man., for a much-needed rest.

A farewell at-home was held at the Nurses' Residence of Grace Hospital, Toronto, on March 12th, for Miss Clara Egleston, who was retiring from active work as housekeeper of the institution after upwards of seventeen years. The reception was well attended by the graduate nurses, staff doctors, and Miss Egleston's friends. The pupil nurses of the school presented her with an amethyst necklace; the graduate nurses, a bag of gold amounting to fifty dollars, and the staff

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doctors, a purse of gold amounting to sixty dollars. While we regret Miss Egleston's departure from our midst, yet we welcome her successor, Miss Elizabeth Rogers, R.N., graduate of Methodist Episcopal Hospital, Brooklyn, N.Y.

The March meeting of the Thunder Bay Graduate Nurses' Association was held at McKellar Nurses' Home, Fort William. An interesting paper on "Dentistry" was given by Dr. O'Neil.

The April meeting was held at St. Joseph's Hospital, Port Arthur. Mrs. Cook, the President, presided. An interesting talk on "Nursing on the Prairies" was given by Misses Shaughnessy and Wishart.

Miss Blackmore, operating-room nurse at the R. M. and G. Hospital, is taking a short rest after an operation (removal of tonsils) and is the guest of Mrs. Cook, Fort William.

Mrs. Harvey has been confined to her home for several weeks, suffering from a sprained ankle.

Miss Spearing has been appointed to the City and School Nursing at Fort William, and Miss Helen Jones as school nurse in Port Arthur.

At the March meeting of the Alumnae Association of the Ottawa General Hospital Dr. C. H. Young delivered a most interesting lecture on Bandaging. After an extensive review of the theoretical branch of his subject, the doctor gave a practical demonstration which was greatly enjoyed by the large number present. A standing vote of thanks was tendered Dr. Young.

Owing to its occurrence during Passion Week, the April meeting of the Alumnae of the O. G. H. was postponed.

The many friends of Miss O'Connor, superintendent of the Ottawa Isolation Hospital, will be pleased to hear of her complete recovery from her recent illness. Miss O'Connor was a patient in the O. G. H. for ten days.

Miss Helen Leyden, graduate of the O. G. H., has returned to Ottawa, after spending the winter in Buckingham, the guest of her cousin.

The Alumnae of the Lady Stanley Institute had charge of the March meeting of the Ottawa Graduate Nurses' Association and provided a pleasant and profitable afternoon for those present. Dr. Warren Lyman's talk on "Serums," and the short musicale, which followed, were greatly enjoyed by all.

A new wing is being added to St. Luke's Hospital, Ottawa, and in consequence the Training School has been enlarged from twenty-eight to forty-eight nurses.

Miss Edith McAlpine, graduate of the T.W.H., class '05, has taken charge of the operating room in the hospital of the North India Women's Missionary College, Ludkiana, North India.

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A very delightful musicale was held at the club on Thursday, April 9th. Everyone enjoyed the lovely music. Miss Chellen, Mrs. Ryan, Miss Dolan, and Mr. Caldwell contributed the musical part of the program, and Miss Theodoa Jackes charmed everyone with her readings.

Plans have been completed for the new General Hospital, Walkerville. The building, when completed, will consist of three wings, but at present only one will be erected, at a cost of about $75,000. This will provide accommodation for fifty beds.

Miss Alice Chapman, Lethbridge, Canada, graduate of the Saffron Walden Hospital, England, post-graduate of Glasgow Maternity Hospital, Scotland; matron of Galt Hospital, Lethbridge, Canada; also a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, in the Swedish System of Massage, Medical and Orthopaedic Gymnastics, Electro- and Hydro-Therapy, has been engaged to take charge of the hydriatic department of St. Alice Hotel, Harrison Hot Springs, B. C., Canada.

QUEBEC.

On the evening of the 25th March the usual annual dinner given by the Alumnae Association of the R.V.H., Montreal, to the graduating class was held, and was the occasion of a very pleasant reunion, for more of the older graduates, some of the first and second classes of the institution, many of them now married and living at a distance, were able to be present, and added much to the interest and pleasure of the evening. The guests of honor, the class of '14, which graduated on the 2nd of April, numbering twenty-seven, gathered from the far west and east of the Dominion and even from Scotland, in their pretty gowns made a bonnie group of girls, or women, we should say, as they have entered on such a serious work as nursing. Looking on their fresh, bright faces, one could hardly realize that they had just completed a hard three years' course of work and study. The dining-room of the Home and the tables were very prettily decorated with pink tulips and narcissi, and from the centre of the ceiling streamers of pink ribbon fell to the corners of the large table, the rest of the room being filled with small tables, each seating six. The dinner was excellent and the murmur of talk and sound of hearty laughter belied the idea that women's dinners are always dull. The toast to "The King" was proposed by Miss Goodhue, president of the Association; that to the "Governors" by Miss MacKeen; to the "Graduating Class" by Miss Gall, graduate of '13, in a witty speech, responded to by Miss MacCallum. The toast to the "Doctors" was proposed by Miss Barr in a clever, bright speech, most of it in rhyme, and very amusing. Our absent friends were remembered most kindly by Miss Sedgewick and Mrs. Stanley, the latter speaking most feelingly of the loss the

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Association had sustained by the death of Miss Grant, a former president, and also that of Mr. Shaw, secretary-treasurer of the hospital, one who was always ready and willing to do anything in his power for the nurses, and whose death at the beginning of his career they all so deeply mourn. A toast to Miss Hersey, Superintendent of the Training School, was heartily responded to, and an adjournment was made to the sitting rooms, where an hour was spent in music and dancing. The Alumnae Association wished the new graduates "God Speed" and a happy and useful career. During the evening Miss Goodhue made the announcement that a most generous donation of $250,000 had been made to the hospital by Mr. J. K. L. Ross, for the purpose of building a private ward pavilion, to be known as the "Ross Pavilion," in memory of his father, at the time of his death president of the hospital. The good news was received with much enthusiasm and a toast to the donor was heartily responded to.

Miss White, assistant superintendent of the training school, R.V.H., Montreal, who was operated on for appendicitis, has made a very good recovery.

The Montreal General Hospital Alumnae Association held a very successful bazaar in Governors' Hall of the hospital on the afternoon and evening of March 21st, 1914, in aid of the Sick Benefit Fund for Nurses. Miss Livingston formally opened the sale at 3 p.m. The tables were artistically arranged and presided over by the members of the association, who wore the uniform of the school.

Miss Nelson, M.G.H., '09, who has been ill in the hospital for the past three weeks, is convalescent and able to return to her home in Westmount.

Miss Davies, M.G.H., '08, and Miss Forbes, '08, are leaving in June to spend a holiday abroad.

The resignation as registrar of the M.G.H.A.A. Registry by Miss M. V. Young called forth many expressions of appreciation of her work and regret at the loss of a valued friend to the nurses.

Miss Lang, M.G.H., class '12, is leaving April 1st, to take a position in the General Hospital, Wilmington, Delaware, U.S.

On Tuesday morning, March 17th, a fire broke out in the Nurses' Home of Sherbrooke Hospital, Sherbrooke, Que. It progressed so rapidly that the night nurses were rescued with difficulty and the upper rooms were completely gutted before the flames were controlled. The majority of the nurses sustained heavy losses, which were partially covered by insurance. The home is being repaired, and it is hoped that in the course of a few weeks it will be ready for occupation. Fortunately, the new wing of the hospital was habitable and formed a temporary home for the nurses.

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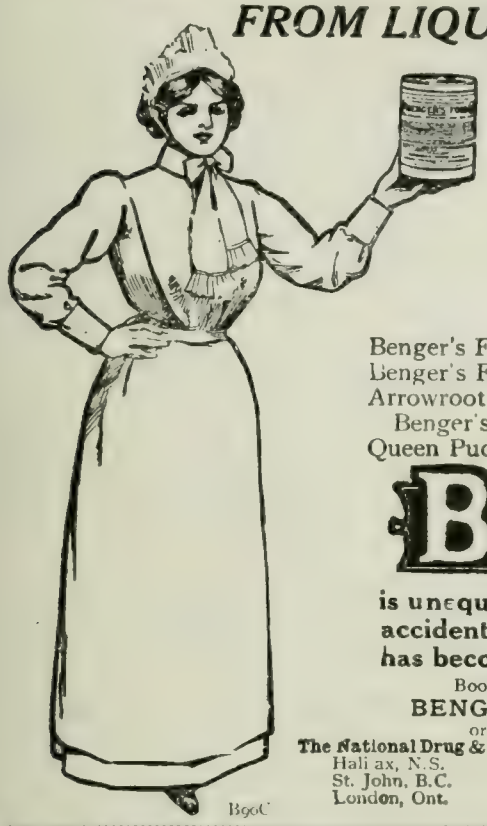

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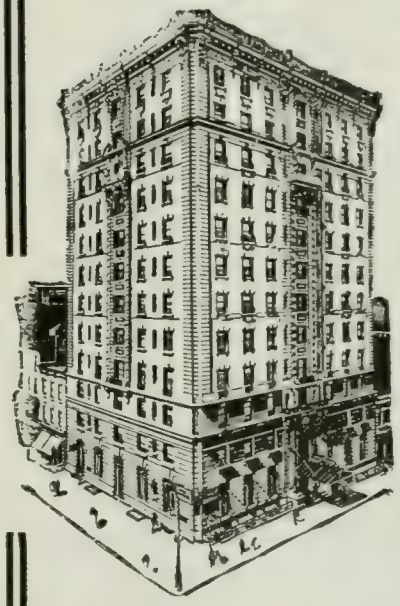

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While the course and progress of acute lobar pneumonia is short, sharp, and decisive, the impression made upon the general vitality is often profound, and apparently out of proportion to the duration of the disease. Even the robust, sthenic patient is likely to emerge from the defervescent period with an embarrassed heart and general prostration. In such cases the convalescent should be closely watched and the heart and general vitality should be strengthened and supported, and this is especially true as applied to the patient who was more or less devitalized before the invasion of the disease. For the purpose indicated, strychnia is a veritable prop upon which the embarrassed heart and circulation can lean for strength and support. As a general revitalizing agent is also needed at this time, it is an excellent plan to order Pepto-Mangan (Gude), to which should be added the appropriate dose of strychnia, according to age, condition, and indications. As a general tonic and bracer to the circulation, nervous system, and the organism generally, this combination cannot be surpassed.

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Vol. X. TORONTO, JUNE, 1914. No. 6

GENERAL OPERATING ROOM RULES, ROYAL VICTORIA HOSPITAL, MONTREAL.

By B. K. Felter, Nurse in Charge.

There should be no confusion in the operating room, each person should become thoroughly acquainted not only with his or her duties, but also those of others employed in the operating room. There should be no unnecessary talking, each movement should be executed quickly and noiselessly, and without coming in contact with other persons. The operating furniture consists of an operating table, a sterile table, two or three footstools, two chairs, two basin stands, one basin for soiled gauze, a pail for waste solutions. Soiled instruments, basins, linen and table to be removed and floor mopped after each operation.

Preparation of Operating Table.—On the table is placed a rubber covered mattress, Trendelenburg crutch, small rubber covered pillow, and the lithotomy posts; a number of sand pillows should be near at hand.

Preparation of Basins.—A jar containing nail brushes in a solution of bichloride of mercury 1-5000 or left dry, a dish of green soap, a nail file, a bottle of glycerine and rose water should be on each basin stand. Brushes used, to be boiled and returned to jars between operations. Towels to be hung over glass at back of basins.

The Scrub Up Table.—This is left ready with a bottle each of ether, double strength tincture of iodine, benzine and columnian spirits. Also a razor, dressing rubbers, some grey cotton bandages, sterile sponges, swabs and forceps.

METHODS FOR THE STERILIZATION OF THE PATIENT'S SKIN.

First Method.—The skin is first thoroughly rubbed for two or three minutes with gauze swabs wrung out of the benzine solution, care being taken not to allow any excess of benzine to run down and remain upon dependent parts where they are in contact with the rubber sheeting under the patient (otherwise a blister may be caused). This is followed by rubbing with gauze soaked in alcohol (columnian spirits is sufficient).

The alcohol removes the benzine and at the same time assists in the sterilization.

Although there is a certain percentage of iodine in the benzine solution, it is usually thought wise to add to the above a third step, consisting in the painting of the skin with Tr. Iodi, as in the Grossich Method.

The composition of the benzine solution is as follows: Benzine, 75 parts; parraffinium liquidum, 24 parts; Tr. Iodi, 1 part. The solution should be well shaken before being applied.

Second Method: Grossich's Method.—This consists in the simple application of Tr. Iodi over the field of operation. It is usual to make a second application after the first has become dry. The skin is not previously prepared in any way, and in particular the use of water shortly beforehand is unwise, as this impedes the full action of iodine. Thus, if shaving is necessary, it is well to have it done some time before the operation, or else to shave dry.

The double strength Tr. Iodi is most frequently the one used. The formula is as follows: 5 per cent. iodine, 1 part; potass. iodi, 1 part; alcohol (94 per cent.), add 20 parts.

Disinfection of the Operating Room.—The walls of the operating room should be washed down once a month with soap and water and hosed down once a week; the furniture once a day or oftener if necessary; the operating table, dressing rubbers and sand pillow, with sanatine or soap after each operation; with creolin 1-160, or bichloride, 1-1000 after every septic case. The department should be dusted daily and always ready for use. Dusting or cleaning should not be done just before an operation, the air of the operating room should always be moist. All windows must be kept closed and draughts avoided: in summer those windows which are to be kept open in rooms adjoining the operating room should be provided with screens. The temperature of the room should be between 70 and 80 degrees F. After cases of streptococcic infection the operating room is disinfected by the formaline process.

Enamel Ware.—Hand basins, pitchers, kidney basins, etc., are scrubbed with soap and water or sapolio and boiled in 1 per cent. solution of soda carbonate for 30 minutes.

Brass and Nickel Work is cleaned weekly with metal polish and a soft cloth, and dusted daily.

Glass Flasks, Basins, etc., are washed once a week with liquid soap and water, followed by oxalic acid crystals, then by liquid ammonia and rinsed with distilled water.

Preparation of the Hands.—Scrub hands and forearms with brush, hot water and spirits of green soap for 5 minutes, paying particular attention to the nails.

Swab hands and forearms with alcohol 70 per cent. for two minutes. If running water be not used, the water must be changed at least twice.

N.B.—Rings must be previously removed and nails carefully pared. This method may be used in preparing the field of operation with the addition of swabbing the skin with ether before applying the alcohol.

Operating Room Costumes.—Surgeons and house surgeons shall wear white linen blouses and trousers. Nurses on duty in operating room shall wear white linen or cotton dresses, putting on a fresh one each day or oftener if necessary, also caps to cover the hair, changing them every second day. The gowns are long sleeved, belted in, and fastened down the back. Surgeons, assistants and nurse in charge will wear sterile gown, rubber gloves and mask for each operation. Gloves and gowns are changed after each operation.

Visiting Doctors and Students are provided with freshly laundered cotton gowns, made long sleeved and loose fitting, which will be found hanging in student's passage; these are to be put on before entering theatre.

Each nurse must wear rubber heels.

The operating room orderlies will wear white cotton blouse and trousers, also coat with red cross on sleeve to wear when leaving the department.

Gowns are of three varieties, for operators and assistants, long and short sleeved as preferred. They are laundered in the usual manner, then each gown is placed in a heavy factory cotton bag pinned up closely and sterilized. Patients' gowns are made long sleeved, of heavy canton flannel. Patients' pneumonia jackets are made of double canton flannel, with the fleecy side out.

Rubber Aprons and dressing rubbers are made of thin double-faced rubber sheeting, they are cleaned after each time of using by scrubbing with soap and water, and wiping off with formaline 1-1000.

Rubber Gloves.—Gloves after use are washed in cold running water on both sides, then boiled from 5 to 15 minutes in a 1 per cent. solution of soda carbonate, dried and powdered with talcum on both sides, patched with rubber (which also has been boiled) by rubbing the surface of both glove and patch with benzine, then with fine sandpaper, then apply rubber cement to glove and allow 5 or 10 minutes to dry, press the patch down over the cement, using a good deal of pressure. Gloves are then mated, placed in heavy factory cotton covers and sterilized by steam for 10 minutes at 10 lbs. pressure. The hands are thoroughly disinfected, dried on sterile towel and powdered with sterile talcum and the gloves put on dry.

Towels should be made of heavy linen toweling 36 by 20 inches, and sterilized in packages of four, with one sheet.

Blankets for use in operating room should be the ordinary single blanket cut in half. This size is most convenient for wrapping round the legs of the patient, or placing over the chest. They are laundered after each time of using.

Head Nurse in operating room is responsible for the care of the whole department, the furniture and apparatus pertaining thereto. She is responsible for the preparation of all instruments, dressings, ligatures, sutures and appliances necessary for each operation. She or her assistant stands at the instrument table during operations and passes such instruments to the surgeon as he may require; she should endeavor in every way to anticipate his wants; she watches closely the nurses who assist her in the operating room, and who are under her direction, and sees that they properly perform their duties. She must not leave her post at the operating table except at the request of the operating surgeon. She delivers such messages as are reported to her to the person for whom such message is intended. She sees that all the instruments and appliances are kept locked when not in use.

Instruments should be kept in their proper places in instrument cases when not in use. Knives should be kept in racks to prevent dulling. Needles should be kept in needle-trays. Instruments made in part of soft rubber should be kept in separate drawers. Needles and knives are boiled separately from other instruments, the needles in a glass tray and knives in a rack with edges up to prevent dulling. They are boiled from 1 to 3 minutes in a solution of 1 per cent. carbonate of soda, 3 drachms to one quart of water; there should always be sufficient solution in the boiler to cover the instruments. Directly after use, instruments should be washed piece by piece in cold running water until all bloodstains are removed, using a stiff nail brush to facilitate the cleansing, particular attention is paid to locks and crevices. Instruments are then boiled from 5 to 20 minutes in the soda solution, following this they are scrubbed with sapolio and liquid ammonia till bright, rinsed in very hot water and dried thoroughly with soft towels and put in their proper places. Each week the cutting edge instruments should be looked over and sent to be sharpened if necessary. There should be a sufficient number of knives to allow a fresh one for each operation. Instruments out of repair should be sent to the office at once.

Nail Brushes should be of the common hand brush variety, of good quality and not so stiff as to abrade the skin.

Soaps.—Green soap, etherial soap, glycerine and alcohol soap, and castile soap are used in this department.

Lysol, 20 mins. to 20 ozs.= 1 in 500.
Creolin, 1 dram to 20 ozs.=1 in 160.
Normal Saline, 1 dram to 20 ozs.=6/10 per cent.
Formaline, 12 mins. to 20 ozs.=1 in 2,000 Formaldehyde.
Hyd. Perchlor Sol., 1 in 20, 40 mins. to 20 ozs.=1 in 5,000.
Hyd. Perchlor Tab., 7½ grs., 1 tablet to 16 ozs.=1 in 1,000.
Pot Permang, 1 oz. to 20 ozs.=saturated solution.
Ac. Oxalic, 2 ozs. to 20 ozs.=saturated solution.
Ac. Boric, 1 oz. to 25 ozs.=saturated solution.
Ac. Carb., 1 oz. to 20 ozs.=5 per cent. or 1 in 20.
Soda Carb., 1 dr. to 20 ozs.=1 per cent.

Normal Saline.—The flasks are first washed with soap and water, then with oxalic acid crystals and water, shaking thoroughly, then liquid ammonia, then rinsed well with distilled water. Dissolve one drm. of sifted salt to each pint of distilled water, filter into flasks after first washing glass funnel and wetting the filter paper, plug with non-absorbent cotton, sterilize by steam for one hour at 15 lbs. pressure, allow pressure to go down very slowly to avoid jarring the flasks, cool slowly and put away ready to be heated to 110 degrees and placed in the incubator.

Iodoform Emulsion, 5 Per Cent.—To one part of iodoform powder add 20 parts of glycerine. Place in a glass flask, plug with non-absorbent cotton and sterilize for one half hour at 10 lbs. pressure of steam and allow to cool slowly.

Iodoform Gauze, 20 Per Cent.—Iodoform powder, 10 drms. carbolic acid, one in forty, 6 oz., and castile soap to make a good lather. Take 3 yards of absorbent gauze, draw threads in the desired widths cross-wise throughout the length of the gauze; then take up all of the solution, shaking and slapping until well distributed. Cut where threads have been drawn, fold edges in; roll and place in test tubes. Plug with non-absorbent cotton and sterilize for one half hour at 10 lbs. pressure of steam.

Rubber Tubing.—Procure specially prepared tubing without sulphur coating. Scrub with stiff brush and green soap, then boil for 15 minutes in 1 per cent. solution of sodium carbonate. Place in sterile normal saline solution, from which solution tubing is used.

Silkworm Gut.—Boil for 10 minutes in distilled water, allowing it to remain in the hot water during operations to keep it soft and pliable.

Horsehair.—Scrub with hot water and green soap, rinse thoroughly in distilled water, then in alcohol, 50 per cent., then boil same as silkworm gut before using.

Silver Wire.—All pieces of silver wire should be saved, as manu-

facturers allow for silver wire returned. This is prepared by boiling with the instruments.

Plain Gauze.—Draw threads, moisten in distilled water or leave dry. Cut, fold, roll and place in tubes and sterilize the same as iodoform. All gauze in this department is cut 2-6 or 12 inches, the edges of each being turned in.

Vioform Gauze.—Draw threads and saturate in the following solution: Vioform, 100 parts; alcohol, 650 parts; glycerine, 250 parts. Cut, fold, roll and place in tubes, and sterilize the same as iodoform gauze.

Sterilizing.—All dressings, sponges, gowns, towels and aprons, surgeon's silk, etc., are sterilized for one hour at 15 lbs. pressure of steam, after which time the pressure is allowed to go down, the water drained off and the heat of the sterilizer allowed to dry contents.

Dressing Gauze.—The usual double fold of absorbent gauze is cut 24 inches long, folded to 6 inches, with edges turned in. One dressing consists of three such pieces and three pieces of absorbent cotton cut to the same size. Place in heavy cotton covers and sterilize.

Abdominal Towels are made of absorbent gauze 18 inches square, placing two in each cover, and sterilized.

String Pads are made in two sizes. The larger is cut 24 inches and folded to 6 inches, with edges in. To the end of each is attached a string or tape 4 inches long. The smaller are cut 12 inches and folded to 3, with edges turned in; to the end of each is attached a string or tape 4 inches long. These pads are put up in heavy covers containing six pads, and when opened for operation are counted again in presence of witness, also after operation.

Gauze Rollers.—The rollers are made by folding the usual absorbent gauze to 4 inches, cut three yards long and rolled; done up in packages of one each, and sterilized.

Bandages.—White and grey cotton are cut 6 yards long by 1, 2, 3, 4, 5, 6, and 7 inches wide.

Flannel Bandages.—White and grey are cut 5 yards long by 3 and 4 inches wide.

Plaster Bandages.—A variety of plain crinoline impregnated with thin glue, leaving plenty of space for plaster. White's Dental Plaster is rubbed evenly into the crinoline till the meshes are well filled. The bandages are rolled loosely, to permit the water to penetrate quickly. They are cut from 2 to 8 inches wide and 4 yards long. They are wrapped in paper and kept in a dry place.

Rubber Goods.—The stock supply of rubber goods, such as rubber tubing, catheters, stomach tubes, perineal tubes, esmarch constrictors and Martin's elastic bandages, should be kept in a drawer by them-

selves and liberally sprinkled with powdered sulphur. Treated in this way, rubber can be kept in good condition for years. Rubber tubing should not be kinked, nor should rubber sheeting be creased. Rubber drainage tubes in desired lengths are cut from the stock supply, scrubbed with soap and water, boiled for 10 minutes in 1 per cent. solution of sodium carbonate and placed in covered glass jars containing 1-10000 sol. bichloride of mercury, or normal saline. Boil tubing and change solution once a week.

Filiform Bougies, silk woven catheters, and oesophageal bougies should never be boiled, they are washed with soap and cool water, then with cold bichloride of mercury, 1-5000, carbolic acid 1-80, or formaline 1-500, and then cold distilled water, from which solution they are used; after use they are washed with soap and cool water, rinsed and water forced through catheters, carefully dried, and oiled before putting away. Hot, or even warm, solutions soften these too much.

Tourniquets and Rubber Bandages are washed with soap and water, boiled, dried, powdered and rolled up ready for use.

Surgeon's Silk.—Wind silk on glass spools and place in test tubes, plug tightly with non-absorbent cotton, and sterilize by steam for one hour at 15 lbs. pressure; open valve in top of sterilizer, and leave for three-quarters of an hour to dry with door closed. Silk may also be boiled for 5 to 20 minutes in normal saline or bichloride 1-1000, and preserved in sublimated absolute alcohol 1-5000, also by waxing. Linen thread is prepared in the same way as silk.

Thermo and Electric Cautery.—This should be tested each operating day, and reported to head nurse if out of order. Its principal use in the operating room will be for the destruction of mucous membrane in appendectomy, in operations upon the liver and bile passages, and in haemorrhoid operations. From 3 to 5 minutes should be allowed to get the cautery in running order. The heated cautery should be kept at a distance from the anaesthetic, as ether is inflammable.

Splints are kept in a room at the top of the student's stairs. All varieties of splints and splint material should be in stock. There should be a small table and set of tools, so that special splints can be made.

The Anaesthesia Room.—The furniture consists of the anaesthetic table, a glass case containing a reserve supply, masks, mouth gags, tongue forceps, etc., the gas and oxygen apparatus, the stretcher, towels, patient's cap and blankets. The stretcher is provided with a rubber-covered mattress and straps for holding patient. On anaesthetic table place chloroform with dropper and mask, vaseline, tongue forceps, mouth gag, swab forceps, hypodermic syringe charged with strych. gr. 1-30 in brandy, and aseptic needle to fit, kidney basin, two medicine glasses and other restoratives, consisting of morphia gr. 1-4,

digitalin gr. 1-100, and ergotol. The mouth gag, tongue forceps, and swab are boiled after each case. The eyes of the patient should be covered with folded towel. In spite of this precaution, should some of the anaesthetic enter the eyes, they should be irrigated with boracic solution, after which drop a little ol. ricini into each eye to relieve irritation. The patient's head should be turned on one side, and should be lower than the body to facilitate the escape of secretions from the angle of the mouth.

ARTICLES FOR OPERATION IN PRIVATE HOUSE.

1—Twelve old newspapers for the floor.
2—One large sheet for the floor.
3—Tacks and hammer for the floor.
4—One kitchen table.
5—One large sheet, one mackintosh, one blanket for table pad.
6—One small blanket, one mackintosh, string and adhesive plaster for Kelly's pad.
7—Two kitchen chairs, two sheets and two pillow cases for covering them, and two table leaves for instrument table.
8—One wash stand, and sheet and towel for covering it.
9—One small table for anaesthetic.
10—One bath tub for disinfecting utensils.
11—Two stools for hand basins.
12—One wash boiler for sterilizing instruments and dressings.
13—Two hooks for holding table.
14—Utensils for bath tub; two wash bowls, 3 large water jugs, one small water jug, two small bowls, four small plates or saucers, one kitchen fork.
15—Articles for wash boiler: 4 sheets, 10 towels, dressings, sponges, gloves, nail brushes, and instruments.
16—Articles for doctor's stand: 1 basin, 3 brushes, 1 nail file and liquid soap.
17—Articles for scrub up table: 1 razor, swabs, liquid soap, water, alcohol, tincture of iodine, 5 per cent., and formaline.
18—Articles for anaesthetic table: 1 hypo. syringe, strych. gr. 1-30, and brandy, ether and mask.
19—One small sofa pillow and blanket for patient.
20—Two water bottles for cold sterile water, one preserving kettle for hot sterile water.

Dressings to be sterilized for one operation: 1 sheet, ½-dozen long towels, ½-dozen short towels, 2 dozen flat sponges (large and small), 2 bags small sponges, 2 dressings and bandages, 1 cap, gown, pair of rubber gloves for each surgeon and nurse, roller dressing for leg or arm case, ether or chloroform mask.

STERILIZATION OF SUTURE OR LIGATURE MATERIAL.

Iodine Catgut: Claudius' Method.—The usual commercial variety is wound into small rings or on glass tubes placed in a covered glass jar with the following solution: 1 per cent. iodine in distilled water with sufficient iodide of potash to saturate. The solution is made by dissolving one part of iodine and one part of potass. iodide in 100 parts of water. The potass. iodide is dissolved in a small quantity of water to which the iodine finely pulverized is added, and the concentrated solution then diluted to 1 per cent.

The solution and catgut are kept in a jar with wide mouth, which is covered with accurately fitting glass stopper. The date and number of the catgut is written on the label of the jar. After eight days the solution is drained off, and catgut washed with absolute alcohol, being careful to use sterile instruments in handling catgut. This alcohol is then drained off and fresh absolute alcohol added, filling jar to the top, and the catgut is ready for use.

Catgut thus prepared is soft, pliable and strong. The knots are firm and not liable to slip or unloosen, and according to its size, resists absorption for from 7 to 12 days.

Chromicized Catgut.—The usual commercial variety is prepared by the iodine method; after that it is stretched on wooden frame or wound on large test tubes and placed in the following solution: To chromicize to the desired degree, place catgut for 5, 10 or 30 hours in the following solution: Bichromate of potash, 1-5 grammes; glycerine, 10 grammes; carbolic acid, 10 grammes; aqua dist., 480 grammes. Dissolve the bichromate of potash in the water, then add the glycerine and carbolic acid. After 5, 10 or 30 hours remove the catgut from the solution and leave on frame or test tubes for drying. Dry in a temperature not exceeding 40 to 50 degrees centigrade. The drying process should extend over a space of several days. Cut the catgut when thoroughly dry into pieces one metre in length, roll on the fingers into small coils, pack in small glass jars, and cover with absolute alcohol, with washer and screw top make the jar fluid-tight, put small jar into larger jar containing from 2 to 4 ounces of absolute alcohol, screw down air and fluid-tight, and sterilize in Arnold Sterilizer for 5 hours, or in Autoclave for one hour at 15 lbs. pressure of steam. Remove cover of sterilizer and allow contents to cool gradually. By readjusting washer and filling the jar with absolute alcohol to replace that lost in the process, the catgut is ready for use.

"THE BIRTHRIGHT OF THE BABY."

By Helen MacMurchy, M.D., Toronto

We are only beginning to think scientifically of the problem of infant mortality. The scientific significance of lactation and maternal nursing, of birth registration, of infant feeding before and after nine months of age (which is about the time that a change should be made from maternal nursing to another mode of nourishment)—one and all of these have scarcely been considered by the average citizen, or even by the average physician. What medical school gives thorough instruction on these points? Space will allow consideration of but one of these—the first mentioned—and but briefly.

The mammary gland, then, is first of all a gland like any other gland. One would think it was some unknown and recently-discovered structure, if one were to judge by the general ignorance that seems to prevail about it. Its function is no more likely to fail, given the normal necessary physiological stimuli, than the function of the salivary glands, or the liver. Lactation is established as a part of the drama of birth. The uterus and other organs and accessory structures connected with it are closely and wonderfully linked with the mammary gland, proofs of which are well known to all physiologists, and some of which were indeed referred to by the ancient classic writers centuries before modern physiology began. This linking is not by way of a secretion nerve supply, however, but by hormones. The most important of these physiological stimuli is furnished by the baby itself. It is the act of nursing or suckling performed by the baby. The newborn baby on arrival knows how to do three things: 1. Its lungs can breathe; 2. its fingers can grasp; and 3. its lips can close upon the nipple and suck if the nipple is presented and suitably adjusted for it. If the doctor took as much pains to teach the baby to nurse as he does in asphyxia neonatorum to teach the baby to breathe, then the reproach of our infant mortality records would be largely taken away. It is time that the Professor of Pediatrics and the Professor of Obstetrics, and the Professor of Medical Jurisprudence, and indeed everybody who is responsible for the preparing and licensing of a candidate to practise medicine, taught clearly that the duty of the doctor to the younger of his two patients in an obstetrical case is not done until he has made sure that the baby is nursing well. As soon as the mother has rested a few hours and the baby has been washed and dressed, within six hours, if possible, the baby should be placed at the breast, and the baby should be weighed occasionally, before and after nursing, to see exactly how much milk that baby has ingested at each feeding. Sometimes it will be found to be half an ounce only. Then something must be done to increase the quantity of

milk. And something always can be done. "Never desert a baby," as Sir Thomas More has it in his "Utopia." "Every mother is nurse to her own child unless either death or sickness be the lot."

Where the doctor personally and thoroughly manages the establishment of nursing at the right time, and in the right way, I have never known a case where a mother could not nurse her baby. It is now generally held that the activity of the mammary gland is caused by hormones circulating in the blood. It is known that an extract from an uterus undergoing evolution will stimulate the mammary gland. While the reverse is the case with extract of the placenta or of the foetus. But the most important of this group of facts is the time at which the attempt to teach the infant to nurse is made. Within six hours it is usually easy, within twenty-four hours it is fairly easy, over twenty-four hours difficult, over forty-eight hours more difficult. So it comes about that the fate of the baby is often sealed before it is one day old. For the deaths of thousands and thousands of babies are due to this one simple fact—they were not mother-nursed.

Finally, the outlook is hopeful. All we have to do is to put our shoulder to the wheel. If we displayed half the energy and used half the money freely spent by our friends, the manufacturers of the "Ideal Infants' Food," the thing would be done. When the mother and father once get firmly into their heads the true idea of maternal nursing, then we shall have a great and permanent improvement in our present sad showing as to infant mortality.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

The second annual meeting of the Graduate Nurses' Association of British Columbia, held in the rest-room of the Y.W.C.A. Building, at Victoria, B.C., opened its first session on Monday, April 13th. Proceedings began at ten o'clock, with an Invocation pronounced by the Rev. Dean Doull, who offered prayers for the hospitals, for those engaged in the noble profession of nursing the sick, and for the work of the convention.

Miss S. Wright, of New Westminster, President of the Association, was in the chair, and in her opening address spoke of the work done and the progress made by the Association in the matter of the proposed Registration Bill, which had been before the Legislature. A letter on this important subject was read to the meeting from Miss Kennedy, who had worked on a bill for Ontario. She emphasized the necessity for State registration in classes, providing for the fully-qualified graduate nurse and the lower grade of household trained nurses, who might be equally efficient in cases of ordinary illness as was the graduate nurse in more critical cases.

Miss Wright dwelt especially on this aspect of the question, and said it was very necessary for the graduate nurse to look after the less scientifically trained nurses, and to educate them to recognize the need for registration. She also pointed out that the Registration Bill provides for these household nurses in British Columbia, and that registration was necessary in the public interest as well as in the interest of the nurses.

Following the President's address the minutes of the last annual meeting, held in Vancouver, were read by Miss Breeze, and adopted by the meeting.

Miss Breeze then read the Secretary-Treasurer's report for the year ending April, 1914. The financial statement of the Association is as follows: Balance on hand, June, 1913, $245.65; membership fees, $71.00; initiation fees, $32.00; total, $348.65; disbursements, $101.45; balance on hand, $247.20. The total membership of the Association was seventy-nine. The report stated that the Association had been notified by the Hon. Dr. Young that the Government could not adopt the Registration Bill as a Government measure. He had suggested that it might instead be presented as a public measure in the hands of a private member, and in pursuance of this plan Mr. H. H. Watson, M.P.P., of Vancouver, had been approached, and had taken charge of the Bill. Letters were sent to all influential bodies and individuals connected with the nursing profession, explaining briefly the main features of the Bill and asking for support, which, in the majority of cases, was heartily agreed to. The Attorney-General, the Hon. Dr. Young, and other members of the Legislature, had been interviewed by a special committee of the Association. They thoroughly approved of the Bill, but advised not bringing it before the House this year, as it was not a convenient season. The thanks of the Association were due to Mr. Watson for his interest in the Bill, and also to Dr. A. P. Proctor, of Vancouver, for much valuable help and advice.

Affiliation had been arranged, Miss Breeze stated, with the Canadian National Association of Trained Nurses, and the Association was entitled to send five delegates to their convention, held this year in Halifax.

The roll-call was then taken and showed 25 nurses from the mainland, 2 from Seattle, and a great many from Victoria.

The President spoke of the invitation from the B. C. Association to the Canadian National and to the Canadian Society of Superintendents of Training Schools for Nurses, to hold their annual meetings in Vancouver, in 1915, as they will be coming West to go to San Francisco. She talked of the necessity of making a real National Association; how we can help not by criticizing but by being present and giving the best we can. The advisability of sending a delegate to

represent British Columbia in Halifax was discussed, and it was proposed by Miss Morrison, of Victoria, seconded by Miss Scott, of New Westminster, that this be done. The motion was carried unanimously, and Miss Randal, Superintendent of the Vancouver General Hospital, was asked to accept the nomination.

Officers for the ensuing year were then nominated, it being unanimously decided that those already holding office should retain their positions, the only changes being Miss Loukes, of Kamloops, third vice-president, in place of Miss Patton, resigned; and Miss Trew, of Vancouver, in place of Miss Hall, whose departure for Eastern Canada necessitated her resignation from the executive.

A vote of thanks to Miss Hall for her untiring interest in the work of the Association was proposed, seconded, and taken standing.

The President then spoke a few words of appreciation of the loyalty and devotion of the various members of the executive and of the Association, after which the meeting adjourned until the afternoon session.

The afternoon session opened at 2.30 p.m., with a very cordial address from Dr. Herman Robertson, President of the Victoria Medical Association. The speaker extended a hearty welcome on behalf of the Medical Association to all the nurses present, and expressed the deep appreciation felt by the profession for the valuable help given in the work by trained nurses. The value of conventions in affording opportunities for mutual understanding, instruction, and esprit de corps was enlarged on, and the fact to be borne in mind that the nurse, to be at the head of her profession, must always be a student, constantly reading, observing, etc. Dr. Robertson thanked the Association for the honor of addressing them, and concluded by hoping they would meet in Victoria again at some future date.

Miss Clarke, of Victoria, in the absence of Miss Jones, President of the Victoria Nurses' Club, welcomed the visiting nurses to the city, and expressed the hope that all would continue to work for the Registration Bill with undiminished vigor. Miss Ruth Judge, of Vancouver, replied, thanking Victoria for their unbounded hospitality.

An excellent paper was read by Miss Scott, Superintendent of the Royal Columbian Hospital, New Westminster, dealing with the "Aims and Possibilities of a Provincial Association." Registration, she said, was a prime necessity and must be supplemented by active co-operation and organization on the part of all nurses. Affiliation and post-graduate classes, the standardization of training schools, and provincial inspection, were all points to be worked for, and the advancement of the woman's movement was a necessary step in the extension of nurses' work. Miss Scott also urged the establishment in this prov-

ince of a nursing magazine, which should forcefully and accurately present the views of the nursing profession in Western Canada.

The discussion was led by Miss Trew, of Vancouver, who maintained that the nurses, in joining Associations, were too prone to inquire what the cost would be, and what good would be received, rather than, what could they do to help and forward the work of the Association.

Miss Randal, Miss Clarke, Miss Morrison and Miss McLeod took part in the discussion. With regard to the establishment of a nursing magazine for the West, Miss Randal pointed out that there was the "Pacific Coast Nursing Journal," and she did not think another was needed.

The Canadian Nurse Magazine was discussed and the possibilities of making it more of a national magazine, and of placing it on a sound financial basis. The following motion, to be recommended by the delegate from British Columbia, at the Canadian National Association meeting, was proposed by Miss Morrison, of Victoria, seconded by Miss McLellan, of Vancouver, "That the Graduate Nurses' Association of British Columbia would give support to The Canadian Nurse Magazine, to have it reorganized, and to suggest that the Canadian National Association take charge of the magazine." The motion was carried unanimously.

Mrs. H. C. Hannington, of Victoria, then contributed a most interesting and thoughtful address on the subject of "A Rounded-Out Training." Reviewing the work of Florence Nightingale, she described her as possessed of the daring spirit of the reformer, which had made her appear, even to the church of her own time, as a woman who boldly and reprehensibly defied conventionism. Yet to-day her actions shine out as imbued with Christian pity and love, and the world knows her as "The Lady with the Lamp." The system of the Waltham training school, under Dr. Alfred Worcester, was described by Mrs. Hannington, and warmly advocated. Nursing in the home was a great necessity, and the nurse whose work took her into isolated districts must be possessed of self-reliance and resourcefulness. The Vancouver system of social work was commended. Tribute was also paid to the Victorian Order of Nurses; but the speaker expressed the opinion that too stringent qualifications for scholarship were a danger, as they might exclude from the profession many who had the heaven-born gift of nursing. Mrs. Hannington gave several amusing, personal anecdotes, and was cordially thanked for her most interesting paper. The meeting then adjourned for the day.

At the closing session on April 14th, Dr. A. P. Proctor, of Vancouver, gave a most interesting and instructive address on "Public Health Work." He pointed out the enormous value of the asset of

health to both the individual and the State. "Conversely the damage in computable value to a community of disease was hardly realized at all by the average man. Taking tuberculosis as a type of all disease, the economic loss from this alone was appalling. The country to the south loses 150,000 citizens annually from this disease, and computing the cost of treating the disease, the loss in wages in the United States was $930,000,000 annually."

Dr. Proctor touched upon conditions in the Dominion, on the numbers who live their lives in sunless rooms, of the filthy habit of expectoration, and the consequent spread of the disease through non-enforcement of existing laws. All these things, he said, pointed to the want of realization by the people of what they were losing by its ravages.

Alcoholism, he said, was responsible for 10 per cent. of all mortality, 20 per cent. of all disease, 50 per cent. of all insanity, and up to 90 per cent. of all crime.

Legislation was needed for the prevention of accidents. Sufficient grants of money should be forthcoming from Governments to carry out the laws and for the treating in a proper manner of the indigent sick.

Dr. Proctor concluded with an earnest appeal for work to arouse the nation to a sense of the responsibility of each individual citizen to combat this dread foe of disease and to enlighten the public conscience in this respect. "Is it not infinitely woeful when, in this stage of civilization, a piece of money is so often set against a bitter tear, a shrewd bargain against a sick and tired heart?" he asked.

At the close of the address, Miss Wright expressed the gratitude of the nurses and asked for a standing vote of thanks.

"The Eight-Hour Day for Nurses" was the subject of an interesting paper by Miss McDonald, of the Victoria Police Force. Miss McDonald, who is a graduate nurse, argued that nursing was more strenuous work than teaching, or most of the callings followed by educated women, and that, both for the sake of the nurses and patients, the hours for nurses in training and graduates in hospitals should be shortened. Miss Wright, of New Westminster; Miss Randall, of Vancouver, and several others argued against this view of the case. The eight-hour system, where it had been tried, had not been found good for young girls, as the labor demanded was too constant and too hard. The considerate matron, under present conditions, could arrange so that no nurse suffered from overwork. The frequent change of nurses was bad for the patients. Miss Wright pointed to the high standard of health among student nurses and their freedom from responsibility. She and others pointed out that an eight-hour day would be an impossibility in private nursing, where a nurse was forced to assume the

whole responsibility of critical cases during the intervals between the visits of the physician.

Dr. Proctor was asked to express an opinion on the question of shorter hours, but declined to do so, saying at the same time that the discussion brought home to him how greatly men of his profession relied on the nurses' faithfulness.

The President asked Mrs. Justin Gilbert to speak. She expressed in a few words her appreciation of the work of the nurses.

The President expressed her great pleasure at the very large attendance, and the convention closed with the National Anthem.

A little later the visiting delegates were the guests at luncheon of the Victoria Nurses' Club. Among others invited were Mrs. H. E. Young, Mrs. E. C. Hart, Mrs. H. C. Hannington, and Mrs. Justin Gilbert.

The luncheon was prepared by the management of the Y.W.C.A., and was at once dainty and bountiful. The tables were beautifully decorated with spring flowers, and the pretty menu cards had designs to correspond.

At the close of the luncheon, the toast of the King was drunk, and Miss Wright proposed "The Profession of Nursing." This was replied to by Mrs. H. C. Hannington in a humorous speech, which appropriately brought to a close a delightful gathering of earnest, cheerful workers.—*Daily Colonist.*

ANNUAL CONVENTION.

The annual convention of the Canadian Society of Superintendents of Training Schools for Nurses, and the Canadian National Association of Trained Nurses, will meet in Halifax, N.S., July 8 to 11, inclusive.

Tickets will be good going July 4 to 10, and returning up to and including July 18, giving delegates an opportunity of attending the convention of the Canadian Society for the Prevention of Tuberculosis, which meets in Halifax July 14 and 15.

Delegates will purchase a full first-class ticket from starting point, and secure a certificate to that effect on standard certificate form which must be presented to the secretary of societies immediately upon arrival at Halifax, in order that she may present them to special agent on July 10 and 11. On surrender of certificate properly filled in, delegates will be entitled to one-third first-class fare return.

"No arrangement will apply from or to Detroit, Port Huron, Sault Ste. Marie, Mich., Buffalo, Black Rock, Niagara Falls, Suspension Bridge, Rouse's Point, Nyando, Massena Springs, N.Y., Swanton, Newport, Island Pond, Vt., and intermediate stations in the United States."

LILLIAN C. PHILLIPS,
Secretary.

Program for Eighth Annual Meeting, Halifax, Nova Scotia, July 8 and 9, 1914.

Wednesday

10.30 a.m.—Meeting of Executive Council. Appointment of Nominating Committee.

2.30 p.m.—Invocation; Address of Welcome; Reply to Address of Welcome; President's Address; Report of Council; Report of Treasurer; Report of Auditors; Reports of Committees; Report of Nominating Committee; Correspondence; "Ethics," by Mrs. Goodson, Chicago; "Nursing in Contagious Diseases," by Miss Mathieson, Toronto.

8 p.m.—"The Care of Nurses," by Miss E. R. Scovil, Gagetown, N.B.; "Nurses' Residences and Their Supervision," by Miss Edgar, Toronto; "Are Our Nurse Training Schools Educative?" by Miss M. Ard Mackenzie, Ottawa; "Nursing Conditions in Labrador," by Miss Bailey, Forteau, Labrador.

Thursday

10 a.m.—Unfinished Business; New Business; Election of Officers; Introduction of President-elect. "Management of Smaller Hospital," by Miss Neelin, Kincardine, Ont.; Miss Cameron, Glace Bay, N.S.; Miss Fitzgerald, Charlottetown, P. E. Island. Question Drawer.

2.30 p.m.—"Preliminary Training," by Miss Gunn, Toronto, and Miss Stretton, Vancouver, B.C.; "Paid Teachers in our Training Schools," by Miss Strumm, Montreal; "The Standard Curriculum," by Miss Catton, Ottawa; "Massage," by Miss Manby, Montreal; "Principles Instituted by Florence Nightingale," by Miss Southcott, St. John's, Newfoundland; "Nursing Conditions in the Yukon," by Miss Burkholder, Dawson City; Announcement of Place of Meeting, 1915.

Be sure to secure a standard certificate with your first-class single fare ticket, so as to be able to take advantage of return for 1-3 fare.

Hotels: "The Queen," $2.50 to $4.00 per day for single rooms, 10 p.c. discount for double rooms. "The Halifax," $3.00 and upwards per day. "The Carleton," $2.00 per day. "The Birchdale," $2.00 per day. Will delegates make reservations early, as July is the busy season.

The Fourth Annual Meeting of the Canadian National Association of Trained Nurses will be held in Halifax, N.S., July 10 and 11, 1914.

PROGRAM

Friday, July 10

9 a.m.—Meeting of Executive Council.

10 a.m.—Invocation, Rev. Dean Lloyd; Address of Welcome, Mayor Bligh, Dr. J. Stewart; Response to Address of Welcome, Miss S. P. Wright, Vancouver; Address of President, Miss M. Ard. Mackenzie, R.N.; Report of Executive Committee; Report of Secretary;

Report of Treasurer; Reports of Committees; Unfinished Business; New Business; Election of Officers.

2.30 p.m.—Public Health, 5-minute talks on papers; "Victorian Order of Nurses," Miss E. Hall, Vancouver; "School Nurses," Miss E. M. Paul, Toronto; "Tuberculosis," W. H. Hattie, M.D., Provincial Health Officer, Halifax; "Child Welfare," Miss Helen Smith, Hamilton; "Hospital Social Service," Miss Jane Grant, Toronto; "Army Nursing," Sister Pope, Military Hospital, Halifax; "Dental Nursing," Miss Mathieson, Dental Clinic, Toronto; "Commercial Welfare," Miss Rankin, McClary Co., London; "Insurance Nursing," Dr. Frankel, New York, Report of Canadian Branch of "Metropolitan Life"; Report of Public Health and District Nursing Committee, Miss Dyke, Toronto.

8.15 p.m.—"The Private Nurse" Section.

"The Qualifications of the Successful Private Nurse," Miss Clint, Montreal; "Nurses' Clubs," Miss Howard, Swansea; "Nurses' Registries," Miss F. M. Fraser, R.N.; "The Menace of the Short Term and Correspondence Schools," Miss Elizabeth Grant, R.N.; "The Value of the Practical Nurse," Miss Davis, Mutual Benefit Association, Brattleboro, Vt.

Saturday A.M., July 11

Registration; "Law for Nurses," Miss Nan McKinzie, Toronto; Resume from each Province in Canada—Nova Scotia; New Brunswick; Prince Edward Island; Ontario, Miss Crosby, Toronto; Quebec, Miss DesBrisay, Montreal; Saskatchewan, Miss Jean Brown; Manitoba, Miss K. A. Cotter; British Columbia, Miss S. P. Wright; Alberta, Miss Eleanor McPhedran. Status of Nurses in Great Britain, Mrs. W. S. Tilley, Brantford.

SOCIAL SERVICE

The University of Toronto has outlined a special course for the benefit of those desiring to fit themselves for this branch of work. The classifications are: (1) Problems of poverty and philanthropy; (2) problems of crime and prevention; (3) problems of government and administration. There will also be three classes of lectures: (1) University staff lectures; (2) Practical discussions on the experiences of the students; (3) field work for the collection of information and critical first-hand study of social questions to be pursued under expert direction.

The following suggests the type of work:

The structure of society, the individual, the family, the community. The psychology of primitive folk—factors persisting in modern social psychology.

Psychology of Conduct—Normal types, how produced. Abnormal types, criminal tendencies and their control. Psychological value of occupation, play. Psychological equivalents for emotion.

The Standard of Living—Adjustment of consumption to production. Necessaries and luxuries, poverty, thrift, insurance, housing.

Labor—The labor market, immigration, skilled and unskilled labor, woman labor, child labor, unemployment, casual labor, sweated labor. The worker's equipment.

Business Organization—Modern tendencies, interdependence of industry, large and small business, public utilities, trusts.

Competition and Its Results—Prices and price movements, wages, profits, monopoly.

Problems of Modern Industry—Wage bargaining, strikes and lockouts, co-operation and co-partnership, labor legislation.

Transmissible Diseases—What we have here and how we check them. Sanatoria, prevention, visiting.

Nurses—What they are for.

Diseases Interfering with Efficiency—Teeth, sight, hearing, deformities.

House Sanitation—Care of food, milk supplies and infant feedings.

Neighborhood Facilities for Recreation—Provided by commercial enterprise; provided by public authorities; provided by churches; provided by other social institutions.

Technique of Play—Playground equipment, games and sports, folk dancing, story telling, dramatics, pageants.

MEMORIAL TO FLORENCE NIGHTINGALE AT FLORENCE

In the ancient cloisters of the Church of Santa Croce, Florence, which is to Italy what Westminster Abbey is to Britain, there has just been unveiled a beautiful memorial to Florence Nightingale. It takes the form of a symbolical marble statue of watchfulness holding aloft a lamp. An Italian inscription underneath runs: "Florence Nightingale, Heroine of the Crimea, 'The Lady of the Lamp,' as she was called by the soldiers whom she tended in hospital in the night watches with wondrous, anxious care. By the force of her example she was the moving soul of that voluntary work of international piety known as the Red Cross. This tribute of veneration and respect is raised to her memory in Florence, where she was born, and whose name she bore."

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, DEC, 1913

1. Enumerate the sources of water supply in town and in the country. How does each source become contaminated? How would you ensure water being pure?

2. How are bedsores caused ? How may they possibly be prevented ? How should they be treated on the district ?

3. In dealing with a case of tuberculosis what advice would you give to the patient and his friends ? What precautions would you take, and what would you guard against ?

4. What is eclampsia ? What are the symtoms which accompany it ? How would you deal with an eclamptic convulsion in the district in the absence of a doctor ?

5. How would you prepare albumen water, barley water, beef tea, and whey, with only cottage appliances available ?

6. (a) What are the usual duties of a nurse appointed to act as Infant Life Protection Visitor ? or

(b) What are the usual duties of a nurse employed as a School Nurse ? State also what you understand by the after-care of school children.

GLEANINGS

The great benefit of "Typhoid Inoculation" was fully set forth by Colonel Sir William B. Leishman, F.R.S., K.C.M.G., Honorary Physician to the King, and Professor of Pathology at the Royal Army Medical College, London, England, in an illuminating address before the Toronto Academy of Medicine, an abstract of which was published in *The Canadian Journal of Medicine and Surgery.*

The wonderful results in the case of our army in India, where typhoid took such heavy toll, would seem to be conclusive proof of the value of inoculation against typhoid.

"The effect of this system in India, only recently extended to the whole garrison, shows from the year 1907 a continual growth in the yearly number of those inoculated. This growth has been most gratifying and now has reached close on ninety-five per cent. of our whole garrison in India, and that, when on a voluntary basis, says a great deal for the British soldier.

"Leading down from the year 1907 we find that in 1907 there were 1910 cases and a large number of deaths. In 1908 there were 998 cases and 191 deaths. In 1909 there were 616 cases with 112 deaths. In 1910 196 cases and 45 deaths. In 1911, 170 cases and 22 deaths, and in 1912, 118 cases in the whole of India, as contrasted with the figures of some 2,000 of a few years before."

An inexpensive sputum cup, to be used in an ordinary holder, may be made of ordinary white fiber manila paper, folded and dipped in hot paraffin, which, hardening immediately on exposure to the air,

glues the overlapping edges and gives support to the box. Water heated to 100 deg. F. will not penetrate a box made in this manner. Water at ordinary temperature will remain in them until it evaporates. Sputum boxes may be made in this manner at a cost of 8 cents per hundred. The advantages of such sputum boxes are: 1. They are inexpensive. 2. They afford employment for convalescing patients who make them. 3. Since they are white, the faintest tinge of blood is readily observed. 4. Paraffin being highly combustible, the destruction of any bacteria present is assured, when the cups are burned.—Robert M. Alexander, M.D., in *Journal American Medical Association.*

CORRESPONDENCE

722 Sheridan Ave., Detroit.
April 16, 1914.

Editor The Canadian Nurse:

Dear Editor: May I have space to once more thank the Canadian nurses who have contributed to the support of Mrs. Fanny Wilde McEvoy, for their continued interest in her welfare. Just now it looks as if she might not remain with us a great deal longer, but this, no one can predict with any confidence. Within the past few weeks she has gone through a severe trial in having to be separated from her aged husband, and has seemed in a sort of dazed condition ever since—begs piteously to be allowed to go to him, and it seems difficult for her to reconcile herself to the situation.

For some time, through the infirmities of age, his mind has seemed less alert, and we have feared it might become altogether a blank. What we feared has happened. While at times he appears perfectly rational, he has had periods of irrationality, when he was not responsible for anything. This necessitated his removal from the home for aged women, to which, by special permit, he had been admitted with her. He is now in a home for incurables, and rapidly failing.

It now appears as though for him the end could not be very far off. It seems as if all that can be done is being done to make her last days comfortable, but it is likely that she will worry and fret till she knows he needs her no more. She has kept him always so neat and clean, his clothing neatly mended and brushed, and nothing she could do for his comfort has she seemed to fail to do. She cannot understand how he can possibly get along without her.

No one could be more grateful and appreciative of what the nurses have done for her than is she, and it has been a pleasure to be able to

assure her with confidence that she would always be taken care of and need not worry about her future in any way.

The Canadian nurses have been more than kind and thoughtful of her, and cheques have come from every Province, almost.

She has saved enough in her earning days to pay for a small insurance policy of a hundred dollars for funeral expenses, which is not payable while she lives, but will be available to defray expenses later. Just now it looks as if there might be enough in the fund to last while she needs our care, and I am writing to ask that no more money be sent me for her just now. If, by the end of the year, it is likely to be needed, I will ask those who have contributed to continue just a iittle longer, and I know they will.

Faithfully yours,
Charlotte A. Aikens.

P.S.—Miss Aikens wrote under date of April 24th, to say that Mr. McEvoy had passed away on April 22nd, after an illness of about a month.

Editorial

SOCIAL SERVICE

Those who have responded to the call for workers in this department have found themselves handicapped by the lack of special scientific training. The work is still new and few of the Training Schools for Nurses were able to give their pupils much assistance.

But it will be welcome news to all interested to learn that the University of Toronto has responded to the call for scientific training, and is arranging a course to cover the next academic year. Nurses who desire to fit themselves for any branch of social service work will be glad to avail themselves of this opportunity of securing the requisite knowledge and training.

The outline of the course is given on page 334.

LIFE EXTENSION INSTITUTE

This Institute was recently incorporated in New York, with Ex-President Taft as Chairman of its Board of Directors, and Col. Gorgas as consultant in sanitation and hygiene. The *Detroit Medical Journal* says: "It is an unique corporation—the business basis of a philanthropy, its express purpose being to lengthen human life by applying modern science. It will perform this service both for Life Insurance Companies and for the general public by examining periodically the physical condition of policyholders and other individuals, and by disseminating life-saving knowledge."

The Institute has a "Hygiene Reference Board" of nearly a hundred leading experts on various subjects pertaining to public health. The purpose of this board is to help determine the truth on hygienic questions referred to it.

This health conservation work will be beneficial to policyholders and others examined, by reducing to a minimum disease and suffering, and to the insurance companies by reducing their losses through life-waste.

Col. Gorgas made Panama a safe place in which to live and work, and now his work is to be indefinitely extended.

The work of this Institute will appeal to all who are interested in any way in public health. The right note seems to be struck.

It is easier to keep the human machine in good working order than it is to restore it to anything like efficiency after disease has laid its devastating hand upon it.

THE HALIFAX CONVENTION

Every Association of Nurses in Canada will have appointed its representative to this convention. Neither of the National Associations meeting at this time can attain its greatest usefulness or develop satisfactorily along lines that will be generally helpful to the members unless every association, indeed, every nurse, does her part in the great work, and fully discharges her responsibility to the profession as represented by these national bodies.

The programs, which appear on another page, have been well and carefully prepared at the cost of much effort by those who had the work in hand. Let every nurse realize that she has a share in making these papers and discussions yield the best all-round results. If you cannot go, send a message, a comment, a question, something just to encourage and cheer and help those who are there. In this way the greatest good to the greatest number will result, and the profession will have gained vastly by the lessons learned and the knowledge gained at Halifax, 1914.

PROVISIONS FOR THE TUBERCULOUS

A statement recently issued by the National Association for the Study and Prevention of Tuberculosis says that during the year ending June 1st, nearly 4,000 additional hospital beds for consumptives were provided in twenty-nine states, this making a total of over 30,000, or about one for every ten indigent tuberculosis patients in this country. In the last five years the hospital provision for consumptives has increased from 14,428 in 1907 to over 30,000 in 1912, or over 100 per cent. New York State leads in the number of beds, having 8,350 on June 1; Massachusetts comes next with 2,800, and Pennsylvania a close third with 2,700. Alabama showed the greatest percentage of increase in the last year by adding fifty-seven new beds to its forty-two a year ago. Georgia comes next with 109 beds added to 240 a year ago. New York has the greatest numerical increase, having provided over 1,800 additional beds in the year. Only four states—Mississippi, Nevada, Utah, and Wyoming—have no beds whatever in special hospitals or wards for consumptives. Eight years ago, when the National Association was organized, there were twenty-six states in which no hospital or sanatorium provision for consumptives existed, and the entire number of beds in the United States was only 10,000. It will thus be seen that we are progressing in the work, but there is much yet to be learned and much yet to be performed.

We inadvertently made an incorrect statement in the May issue re the Registration Bill for British Columbia. This Bill has not yet been presented to the Legislature. The Nurses have been working on it for two years, and had secured the advice of a Parliamentary Committee.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

THE NURSE'S PRAYER

O God of gentleness and strength,
Whose tenderness is born of Love,
Grant us Thy Spirit in its power—
The mighty wind, the peaceful dove;
May we be strong, and calm, and brave,
Mighty through Thee to heal and save.

There is so little we can do,
And often all seems done in vain;
Our hearts are sore and faith grows dim
In the dark mystery of pain.
Guide Thou our hands to soothe and bless,
And fill them with Thy tenderness.

He whom Thou lovest, Lord, is sick,
And all our hearts cry out for Thee;
Come Thou, responsive to our cry,
May we the Lord's salvation see,
And lest we ask amiss, we pray—
Thy will be done from day to day.

In lonely watches of the night,
Go Thou with us from ward to ward,
A healing balm, a vision sweet,
Each restless one to calm and guard.
With Thee we can the burden bear,
If Thou our nightly vigil share.

O loving, tender, precious Lord!
Show pity when our hearts are dumb.
Check every doubt, each murmur still,
Father, Thy will, not mine, be done!
Work Thou with me to do Thy will,
Through me Thy promises fulfil.

Amen.—*Misercordia.*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-Pres., Mrs. W. S. Tilley, 157 William St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hosp., Toronto; Mrs. MacConnell, 514 Brunswick Ave., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

The regular meeting of the executive was held at 295 Sherbourne street, Toronto, on April 22, with Mrs. W. S. Tilley, first vice-president, in the chair. There were nine members present. The treasurer's report showed a bank balance of $297.89. A letter was read from the Alumnae Association of St. Luke's General Hospital, Ottawa, asking for information about the Graduate Nurses' Association of Ontario. Letters from London and Cobalt chapters expressing regret at the inability of the chairman of each chapter to attend mass meeting of nurses held in Toronto on March 31. A letter from Miss Regan, Port Arthur, was referred to the executive by Miss Crosby, in which it was suggested that nurses in different parts of the province be kept informed of the work of the executive. It was explained that the executive tried to do this through the Association's page in The Canadian Nurse.

The convener of the legislation committee reported that Mr. Ludwig had framed and sent to the Provincial Secretary a clause to protect the R.N. conferred by clause 18 of the Hospital Act, and this new clause was to be added to the statute as an amendment. The legislation committee is anxious to have suggestions so that these may be taken up with Mr. Ludwig.

Mrs. Tilley is convener of programme committee for the annual meeting in September.

The meeting for the final organization of the Toronto chapter has not yet been held.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

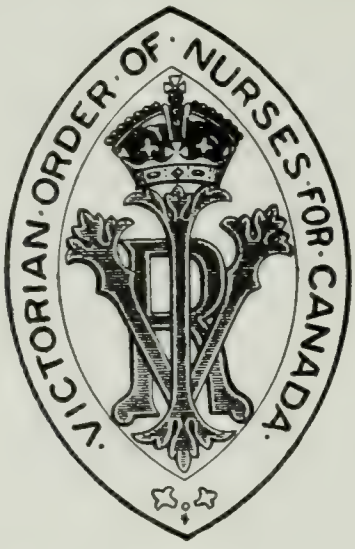
Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The last general meeting of the season was held in the Medico-Chirurgical Society's rooms, on the evening of May 5th. Dr. Mundie delivered a very interesting address on "The Care of the Feeble Minded," which was much appreciated by those present. After a social half hour the members dispersed, to meet again in October.

Miss Dawson, M.G.H., who has been very ill for some weeks, is making slow progress towards recovery.

Miss Whiteside, Miss M. Smith, and Miss Dewar, who have also been patients in the General Hospital for some time, are convalescing, and we hope soon to have them with us once more.

Miss Phillips spent Easter in New York.



Every nurse who has not done so should read the Life of Florence Nightingale, by Sir Edward Cook. This is a wonderful work, most interesting in every way, but especially so in that it gives us for the first time an insight into the personal life and character of the woman.

We are reproducing below a letter from Florence Nightingale to Lady Aberdeen, written just after the Victorian Order had been launched on its splendid journey of usefulness:

10 South Street, Park Lane,
London, W., May 5th, 1898.

Dear Lady Aberdeen:

I do rejoice at the success which has attended your efforts to initiate the plan of establishing trained District Nurses in Canada.

With great interest I have read the papers you have so kindly sent me.

Let me gladly add myself as a witness of experience here to the great blessings which the trained District Nurses have been to the sick poor.

If you are able to maintain the high standard for your nurses which you have laid down, and succeed in attracting good young women to enter upon the work, there can be no doubt that it will go on and prosper. Difficulties and trials there must be, but with so noble an object it is worth the expenditure of much labor and patience.

What has been the experience of the last thirty years with regard to the improvement of Hospital training and the means by which it has been attained?

This, namely, that it has been brought about first by making the Hospital a "home," fit for good young women, educated young women, to live in and pursue their calling in; and next, by raising the character of Nursing into a genuine calling by which nurses can earn an honorable livelihood.

Then from the Hospital Training School the area of the Trained Nurses' work became extended to private nursing—nursing the well-to-do—and latterly to that far more numerous class of patients who are either entirely destitute or only able to make a small contribution for the services of the nurse—and yet who are not fit subjects for hospital treatment.

It is especially and above all to this class that the Trained District Nurse has proved so great a boon. For the duties of a District Nurse more experience, more self-denial is wanted than for those of a Hospital Nurse or a Private Nurse, who have the Doctor always at hand to refer to, and have all the appliances of Hospital or Home at the service of the patient.

The success of District Nursing depends more than in Hospital and Private Nursing upon the character of the Nurse; and the character of the Nurse depends very much upon the nature of her training and the continuance of those helps, physical and moral, which the good Hospital "Home" has supplied to her.

These helps have been found in the system of District Nurses' Homes under trained superintendents which have been established here with so much success in London, Edinburgh, Dublin, and other large towns, and which you propose to adopt in Canada. Is it not to these Homes that you will have to look to train in District work and qualify for service in small towns and country places—pursuing their calling under periodical supervision and as members of a Society inspired by the "esprit de corps" of joint workers in a noble and Christian cause!

No doubt in some respects your population, especially in rural districts, differs much from that of an old country, and somewhat different methods will be required. Happily there does not exist with you that large number of sick poor who are unable to pay anything for the services of the nurse.

You are fortunate in having obtained the aid of Miss MacLeod in beginning the work. She seemed in the visit she was so good as to pay me to be thoroughly imbued with the true spirit required for District Nursing.

There is little fear but that any dissentient medical men will quickly learn from actual experience to appreciate the value to them of the District Nurse as an intelligent handmaid and not an interfering interloper.

Heartily do we wish success to the Victorian Nurses and to all Canadian workers in this good cause.

Need I say that I feel quite grieved and humiliated at having been so long in answering your kind good letter? Your kindness will at least admit my true excuse of a bad time in health which has scarcely allowed of my doing the most pressing duties.

Again and again I give you joy of your beneficient work, and I am overflowingly your servant.

(Signed) FLORENCE NIGHTINGALE.

(The original of this letter is written entirely by Miss Florence Nightingale's own hand.)

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 206 Spadina Avenue, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

NURSES AS PUBLIC HEALTH TEACHERS

The Pennsylvania State Department of Health has one hundred and ten trained nurses engaged in the work of teaching the families of the poor who are afflicted with tuberculosis. In commenting on this work, Dr. Dixon, the State Health Commissioner, says that these women go into the homes of the poor, correct unsanitary methods of living, instruct householders in the principles of ventilation, and impress upon the housewife the importance of fresh air and wholesome food. These nurses in their work constantly meet with incipient cases of tuberculosis long before they would naturally come under the care of physicians, they bring them to the dispensaries, succeed in having medical advice given early, and are thus saving many lives. This entrance of the trained nurse into the field of preventive medicine is but the beginning of what may be expected. It is the trained nurse with the proper appreciation of the cause of disease who can best go into the homes in time of illness from various communicable diseases, and who can at the same time that she is helping with the nursing, teach the principles of prevention. It is the trained nurse in her visit to the home of the poor who can do more than anyone else to educate the housewife in domestic hygiene. It is she who can impress the lessons of proper ventilation, rational feeding, due regard for rest and sleep and wholesome living, all of which help to build up a resistance to the cause of disease and lead to a stronger and more rational race of men and women. It is she who can go into the home of the poor and teach the expectant mother proper methods of care for herself and her unborn, can prepare her for the proper care of her infant before birth and immediately after birth, and the care of the infant's food supply. She can set a high moral standard which must in time have its influence upon the peace of the world.

HOSPITALS AND NURSES.

British Columbia.

Miss E. Breeze, Superintendent of School Nursing in Vancouver, and Miss S. P. Wright, President of the Graduate Nurses' Association of British Columbia, leave in May for a two months' trip to Chicago, New York, and Toronto, to investigate school nursing in those cities.

Mrs. J. Craig, formerly Matron of the Port Angeles, Washington, General Hospital, has been appointed Superintendent of the General Hospital, Ladysmith. Mrs. Craig was previously in charge of the Stewart Hospital, B.C.

The plans for the new Provincial Royal Jubilee Hospital for Victoria, B.C., to cost $450,000, were submitted to Miss McCalmont, of New York, a hospital expert of wide experience. Several suggestions were made by Miss McCalmont, whose idea was to concentrate, thus conserving the energy of the nurses and reducing the cost of maintenance. The architect is incorporating the alterations decided on into his plans.

Alberta.

The Royal Alexandra Hospital, Edmonton, is to have a new wing of 80 beds, which will increase the total accommodation to 210 beds.

A Graduate Nurses' Association has been formed at Medicine Hat with an initial membership of 25. The following officers were elected: President, Miss Winslow; 1st Vice-President, Miss Kealy; 2nd Vice-President, Mrs. Kochane; Secretary, Miss Ford; Treasurer, Miss Auger. The executive committee consists of the officers and three other members—Miss Collin, Miss Taylor, and Miss Raymond.

Since the organization of the Association a Nurses' Registry has been established, with headquarters for the present at the General Hospital. The Registry is under the control and management of the Association.

Miss Margaret Dunne, graduate of Medicine Hat General Hospital, '12, has accepted a position in the Fernie General Hospital.

Miss A. Moore and Miss E. Willett, '13, Medicine Hat General Hospital, are on the staff of the hospital in Revelstoke, B.C.

Miss Margaret West, graduate of the Jeffrey Hale Hospital, Quebec, is in charge of the Isolation Hospital, Medicine Hat.

Miss Moore, graduate Barrie General Hospital, has gone East for a holiday.

Miss Collier, '07, Medicine Hat General Hospital, is spending the summer in California.

Miss Belle F. Raymond, class '10, Winnipeg General Hospital, has been appointed a staff nurse in the Medicine Hat General Hospital.

Ontario.

The annual meeting of the Ottawa Graduate Nurses' Association was held at the Clubhouse on April 13th. In the absence of the President, Miss Grace Moore, who was in Vancouver, Mrs. Robert Law presided. The reports of the Secretary and Treasurer were very encouraging. The Registrar, Miss Snow, also reported a most successful year for the Registry. There were 774 calls for nurses during the year. At the business meeting in March all the officers of last year were elected by acclamation, as follows: President, Miss Grace Moore; Vice-President, Mrs. Robert Law; Recording Secretary, Mrs. T. T. Hawkins; Treasurer, Mrs. E. E. Harriss. Board of Directors: Mrs. C. T. Ballantyne, Mrs. H. C. Church, Miss Catton, Miss Haldane, Miss McCall.

The regular monthly meeting of the Alumnae of the Ottawa General Hospital was held on Friday, May 1st. A large attendance was present, and after the regular business was transacted Rev. Dr. Sherry, of the Ottawa University, gave a most interesting lecture on Ancient Rome. A social hour was afterwards spent over the teacups.

Rev. St. Marie de Saureur, Superioress of the O.G.H., is seriously ill. Her many friends look forward to her speedy recovery.

Miss M. Storey, graduate O.G.H., '13, has accepted the position of head nurse on the Scarlet Fever Floor of the Ottawa Isolation Hospital.

Rev. Mother Irene, Superior of the Community of St. Joseph, accompanied by another member of the community, has left Toronto for Comax, B.C., to visit the four Sisters of the community, who, a year ago, left for that place to establish a hospital. The little band of missioners has done splendid work since going West and will be further encouraged by a visit from their Superior.

At the regular meeting of the Alumnae Association, held at St. Michael's Hospital, the "Toronto Chapter" of the Graduate Nurses' Association of Ontario, was discussed, as many of the members present had not been able to attend the mass meeting held recently. Seven young graduates promised to become members of the G.N.A.O. at once, which speaks volumes for the enthusiasm felt. When the "Toronto Chapter" is established we feel sure it will bring the nurses more in touch with one another. The nurses were also asked to remember the Heather Club Bazaar, which takes place in October. Nurses sending articles will please have a touch of color on them. Articles can be sent to Miss O'Connor at the hospital. This should appeal to all our nurses. Helping tuberculous children is surely a worthy cause.

The regular monthly meeting of the Kingston General Hospital Alumnae Association was held at the Nurses' Residence, on Tuesday, May 6th, the President, Mrs. Nicol, in the chair. There was a large attendance. An interesting paper on Florence Nightingale was read

by one of the members. Twenty-three names were proposed for membership to the Graduate Nurses' Association of Ontario.

Miss Grace Nourse, K.G.H., spent several days in Kingston, attending her brother's graduation at Queen's University.

Miss Alma Rowson, K.G.H., '13, has accepted a position in Wellesley Hospital, Toronto.

Hamilton: Miss Mina Rodgers, graduate of Hamilton City Hospital, has been appointed Superintendent of Berlin and Waterloo Hospital. For the past six years Miss Rodgers has been Superintendent of the General Hospital at Niagara Falls, Ont.

Miss Lewella Hannah, graduate of H.C.H., has accepted the position of nurse in charge of the Essex County Tuberculosis Hospital at Kingsville, Ont.

Miss Barbara Simpson, graduate of H.C.H., has resigned her position in that institution as Assistant Superintendent of Nurses.

Miss Lanaway has returned to the city to take up private nursing.

After June 1st at the Hamilton City Hospital there will be absolutely no Register for the graduate nurses, as a Central Registry has been established for any graduate who can show satisfactory credentials. Registrar, Miss Insole, 201 Jackson W.; Treasurer, Miss Bessie Sadler, 100 Grant Ave.

Miss Hunt, of the Lady Stanley Institute, Ottawa, and Miss S. McKay, Springhill Hospital, Nova Scotia, who have been doing private nursing in Vancouver, left for California early in May.

Miss Lena Davis, graduate of Toronto Western Hospital, Class '08, and Superintendent of Nurses, Provincial Hospital for Insane, is at her home in Beamsville, where she was nursing her father, who passed away on May 1st.

The formal opening of "The House for Nurses" in connection with the Woodstock General Hospital, by the Right Reverend J. C. Farthing, Lord Bishop of Montreal, took place on Monday, April 27th, at 3 p.m.

The new hospital at Chapleau was formally opened on April 16th.

A School Nurse is to be appointed in Chatham.

Miss Helena L. Read, graduate of Berlin and Waterloo Hospital, class '12, has gone to take a post-graduate course in the Polyclinic Hospital, New York.

Miss Clara Cunningham, graduate of Grace Hospital, Toronto, has gone to Saskatoon for the summer.

Collingwood: Miss Spearing, graduate of the G. & M. Hospital, class '11, has been appointed School Nurse at Fort William, Ont.

Miss M. E. Lord, graduate of the G. & M. Hospital, class '05, has taken up private nursing in Detroit, Michigan.

The Graduate Nurses entertained a number of their friends to a progressive euchre Thursday, April 16th.

The Graduating Exercises of the Class of 1914 of the Berlin and Waterloo Hospital took place on Friday evening, April 24th, when Mrs. Matilda Ballard, Miss Olive M. Crossen, and Miss Norah W. Merner received their diplomas. Rural Dean Andrew administered the Florence Nightingale Pledge. Diplomas and badges were presented by Mr. J. B. Hughes, Chairman of the Board. Addresses were given by Dr. Helen MacMurchy, Mr. C. P. Mills, M.P.P., Mr. W. G. Weichel, M.P., and Dr. C. Noecker. Mrs. Mowat, of Galt, Mrs. Lackner and Mrs. Conrad, of Waterloo, contributed musical selections, which were much enjoyed. The exercises closed with the National Anthem.

The May meeting of the Thunder Bay Graduate Nurses' Association is being held at the R. M. & G. Nurses' Home, Port Arthur, and a lecture on "Uses of Serums" given by Dr. Bryan.

Miss Gracia McDonald, graduate of St. Joseph's Hospital, Port Arthur, is making a speedy recovery from an operation for appendicitis.

Miss Patterson, Superintendent of R. M. & G. Hospital, Port Arthur, has gone East to Strathroy to attend the funeral of her mother.

Mrs. M. B. Harvey has gone to Montreal for a few weeks.

The sixth Summer Conference, under the auspices of the Dominion Council of the Young Women's Christian Association of Canada, will be held at Elgin House, Lake Joseph, Muskoka, Ont., on June 23rd to July 3rd. An interesting little booklet, outlining the course and giving necessary information, has been published. Write to Miss Mabel Ayer, 332 Bloor St. West, Toronto, for this booklet.

Miss J. Allen has gone to Moose Jaw, Sask., for an indefinite period.

Miss Jean Leach, graduate of the Toronto Western Hospital, has taken the position of night supervisor in the St. Barnabas Hospital, Newark, N. J.

Miss Ella Drysdale, graduate of the T.W.H., is spending the month of April in Kingston, Ont., where she is taking a qualifying course in the Military Hospital.

Miss Beckett, graduate of the T.W.H., has left for East Burnaby, B.C., where she intends spending a year with her sister.

About fifty graduates and nurses in training of the T.W.H. gathered at the home of Miss Cooper, Brunswick Ave., on the evening of March 23rd, for the purpose of giving Miss Jean Urquhart a miscellaneous shower. Miss Urquhart is a recent graduate of the hospital of April. The nurses were in masquerade and a very enjoyable evening was spent.

The regular monthly meeting of the T.W.H. Alumnae Association

was held on Friday, April 3rd, at the Nurses' Residence, 24 Rosebery Ave., with the president in the chair. There were ten members present. Dr. Clare, of the Provincial Hospital for the Insane, gave a very instructive and interesting lecture on Psychiatry.

Miss Turton, graduate of the T.W.H., spent the month of March at her home, Bradford, owing to the sad loss of her father, who died after a short illness.

The regular monthly meeting of the Toronto Central Registry Committee was held at the registry office, 295 Sherbourne St., Monday, April 6th, at 3 p.m. Miss C. Mitchell, convener, occupied the chair. Ten members were present.

Total calls for March were 425. Of these, 307 were personal. Two patients were assisted from the Central Registry Extension Fund.

The financial statement showed fees received in March, $175.00; sale of charts, $6.15; disbursements for the month, $148.50; balance in current account Dominion Bank, $142.06; on hand, $10.00.

Miss Parks, graduate of the Jewish Hospital, Brooklyn, N. Y., is going to the Welland Hospital, St. Catharines, as night supervisor. This will be pleasant for Miss Parks, as St. Catharines is her home town.

We regret having to report the illness of two of our nurses—Miss Elsie Ross and Miss Janet Clark—graduates of the Toronto General Hospital. We trust to hear of their speedy recovery.

The dance on St. Patrick's Day at the Toronto Graduate Nurses' Club, was a great success, about fifty guests being present. St. Patrick reigned everywhere, even the refreshments being carried out in the effective colors.

Miss Emma Hamilton gave a very successful St. Patrick's dance on March 16th at the club.

New Brunswick

The Alumnae of the St. John General Public Hospital has issued cards to all the graduates of the hospital, for a bridge and lunch to be held at the Brown Betty Tea Rooms on May 12th.

Miss Agnes D. Carson, graduate of the St. John General Public Hospital, and lately Directress of Nurses in the New York Polyclinic Hospital, is now Superintendent of the Detroit Home Nursing Association.

The annual meeting of the St. John Graduate Nurses' Association was held recently at Miss Hegan's private hospital. The following officers were elected: President, Mrs. M. Armstrong; First Vice-President, Miss E. P. Hegan; Second Vice-President, Miss Robertson; Treasurer, Miss E. J. Mitchell; Recording Secretary, Miss M. Fraser; Corresponding Secretary, Miss K. Holt; Executive Committee, Mrs. D. C. Malcolm, Miss A. Burns, Miss M. Munro. The name was changed

to the New Brunswick Graduate Nurses' Association, and all graduate nurses of the province are now eligible for membership.

Newfoundland.

The report of the Tuberculosis Public Service, for the twelve months ending December 31, 1913, shows what has been accomplished in the Anti-Tuberculosis Campaign. There were three trained nurses and five probationers connected with the service. The Medical Officer states that his experience tends to show that nurses need some special training in Tuberculosis work. Literature has been prepared and distributed. The Tuberculosis Camp, at Mundy Pond, has been improved and enlarged. There is now accommodation for eleven patients, and rooms for the charge nurse, probationer, cook, and messenger. During the year twenty-four patients have been treated in the camp. The nurses made 11,577 visits to 177 houses. The work is all constantly supervised by the Nursing Superintendent and the Medical Officer. The progress of the work is shown by the increase in number of patients cared for. Patients attending dispensary—January, 8; June, 61; December, 74. Those attended at home during the same months were 30, 63, 46. St. John's Sanatorium will give the workers better facilities for coping with this disease.

United States

The Annual Commencement of the Farrand Training School for Nurses, Harper Hospital, Detroit, was held on the evening of May 14th, when twenty-three nurses received their diplomas.

The Training School for Nurses of Cory Hospital, Pa., held its Commencement Exercises on April 15th, when six graduates received their diplomas. Two of these—Miss E. A. Harper and Miss A. B. Alexander—are Canadian women. Dr. A. L. Smith addressed the graduates and Dr. C. C. Waggoner administered the Hippocratic Oath. The diplomas were presented by Mr. F. A. Loveland, President of the Board, and the pins by Mrs. Whittlesey, President of the Hospital Aid. The exercises were further rendered enjoyable and impressive by interesting music. Dancing was enjoyed at the close.

At St. Andrew's Presbyterian Church, Hamilton, Ont., on April 29, 1914, by Rev. J. A. Wilson, Catherine Dalgleish, graduate of Hamilton City Hospital, to John Mitchell, of Saltfleet.

At Moncton, Ireland, on April 28th, Ethel Mary Kilkelly, of Moncton, Ireland, Graduate Ottawa General Hospital, Class '13, to Robert E. Reardon, of Ottawa, Ont.

Nine nurses were recently graduated at the Providence, R. I., City Hospital, they having completed a two-year course in the theory and practice of nursing contagious diseases. All of the graduates had formerly completed a course in general training at other local hospitals.

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BIRTHS

On February 5, 1914, at 300½ Seventh St., Calgary, Alta., to Mr. and Mrs. C. E. Robertson, a son. Mrs. Robertson (Miss B. E. Maclure) is a graduate of the Hospital for Sick Children, Toronto, class '08.

At Edmonton, Alta., on March 23, 1914, to Mr. and Mrs. S. D. Hogan, a son. Mrs. Hogan is a graduate of Ottawa General Hospital.

On February 27, 1914, in Toronto, to Mr. and Mrs. Will McKinnon, a son. Mrs. McKinnon (nee Blackwell) is a graduate of Grace Hospital, Toronto.

At Moose Jaw, Sask., on December 28, 1913, to Mr. and Mrs. Fortier, a daughter. Mrs. Fortier (nee Smith) is a graduate of Toronto Western Hospital.

At Toronto, on May 7, 1914, to Mr. and Mrs. Bell, a son. Mrs. Bell is a graduate of Toronto Western Hospital, Class '05.

At Brooks, Alta., on April 28, 1914, to Mr. and Mrs. D. Macadam, a daughter. Mrs. Macadam is a graduate of Winnipeg General Hospital, Class '12.

MARRIAGES

At Markham, Ont., on April 15th, 1914, Miss Jean Byron Urquhart, graduate of the Toronto Western Hospital, to Clarence Wellesley Henders, M.D., of Saintfield, Ont.

On April 28, 1914, at Vancouver, B.C., Miss Margaret Robertson, R.N., graduate of Vancouver General Hospital, Class '07, and late Superintendent of Nanaimo General Hospital, to A. G. King, C.E. Mr. and Mrs. King will reside in Parksville, Vancouver Island.

Mr. and Mrs. Charles Davey Brown, of Nith Grove, Haysville, Ontario, announce the marriage of their daughter, Frederica Sarah, to Colonel R. G. Steel, M.E., of Vancouver, B.C. Mrs. Steel is a graduate of the Hospital for Sick Children, Toronto, Class '07.

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"**Transactions of the Canadian Society of Superintendents of Training Schools for Nurses,**" at its seventh annual meeting, held at Berlin, Ont., May 19 and 20, 1913, has been received. The appearance of this report now will enable those who attended the convention the opportunity of refreshing their memory of the many interesting papers and discussions that made this convention helpful and valuable. Those who could not be present will read with interest, so as to be ready to enjoy to the full the convention in Halifax this year.

"**The Junior Nurse,**" by Charlotte A. Brown, R.N., Instructor in the Boston City Hospital; Graduate of the Boston City Hospital and Boston Lying-in Hospital Training Schools for Nurses; late Superintendent of the Hartford Hospital Training School, Hartford, Conn. 12 mo. 208 pages, illustrated. Cloth, $1.50, net. Lea & Febiger, publishers, Philadelphia and New York, 1914.

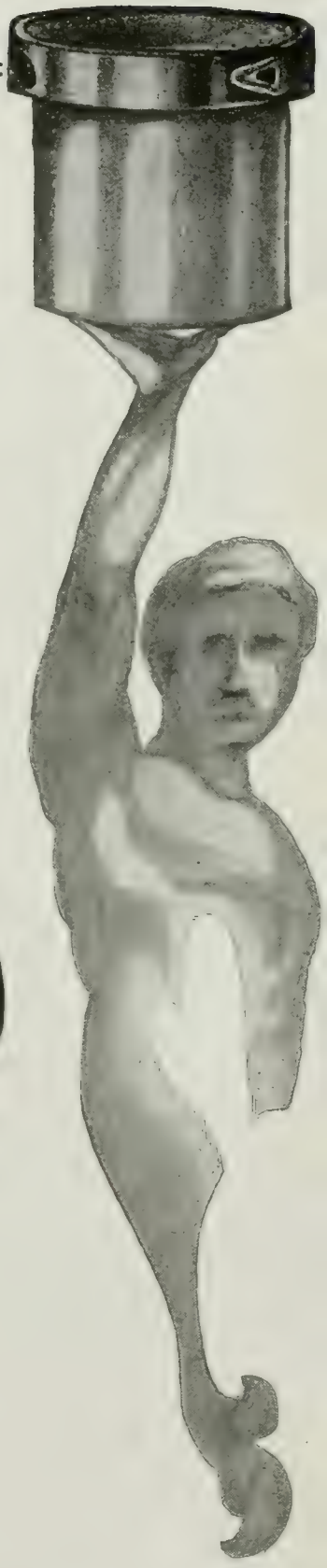
This volume, written by an experienced educator, is especially for the pupil nurse in the early months of her training. It would be helpful to young women who are seriously thinking of studying nursing if they could read the opening chapters on "Physical, Mental, and Moral Qualifications of the Nurse. The Ethical Relation of the Nurse to the Patients and their friends, to her Superior Officers, Hospital Staff, Fellow Workers; Her Duty to Herself, etc.

A fund of information that the student sometimes has difficulty in gathering is here presented so clearly as to be readily assimilable, thus making a good foundation for the more intricate studies later on. The illustrations are very helpful, especially those on bandaging. A full glossary is placed at the end of the book.

The Ninth Annual Report of The Margaret Scott Nursing Mission of Winnipeg shows the splendid work done by the Mission, a work which is ever increasing. The report also shows the great number of those interested in the Mission, and who give liberally to its support.

The total number of patients attended for the year ending October 1st, 1913, were 28,830, of these 5,212 were infants and sick children. In the Child Hygiene Department 14,882 visits were made. There were 1,810 babies on the list, with 61 deaths.

The nursing staff consists of Miss Beveridge, Head Nurse, and three others on the General Staff, two third-year nurses from the Winnipeg General Hospital for training in District Work, and three nurses in the Child Hygiene Department.



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The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

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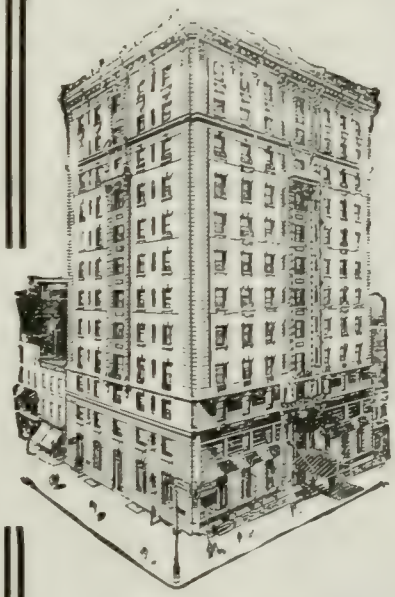

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A CONSIDERATION OF MENTAL DISEASES FOR THE GENERAL NURSE*

By C. A. Porteous, M.D.

I have chosen this title for the paper to be presented to you, the members of the Canadian Nurses' Association, after giving very careful thought to the many points of interest relating to insanity as met with by the general nurse. It can in no sense be regarded as other than an effort to put before you the more important features found in the different forms of mental disorder—at best, I confess, rather briefly sketched; and with this such practical hints bearing on insanity, from the nurse's standpoint, regarding its causes, varieties, and its management as could be included in this necessarily limited article. To compress an intelligent and intelligible presentation of psychiatry into the time allotted is a difficult task, and only essentials can be dealt with. Ergo, the object of this paper is simply to lay before you as nurses, certain important facts bearing on insanity, a consideration which you may, and do, from time to time, meet in the pursuit of your high calling.

On frankly facing your attitude toward the sufferer from acute mental disease, it will be admitted that the average general nurse personally dislikes to be called on to care for such cases. The higher rate of wage which your association considers is but fitting for the nurse in charge of a mental case (and with that, mark you, I have no quarrel), proves, that, as a body, it has decided mental disease is one of the most serious and trying maladies which can engage your ministrations. Also —and if wrong, spare not the rod of correction—may it not be that while the nurse is by nature, by training, by her graduation, vows, and by her subsequent experience, believed to be "all things to all" cases, the Association realizes that certain disorders, notably smallpox and other contagious diseases, have additional risks attendant on those who care for them; and that cases of delirium tremens and insanity, from their potential danger, are, though not shirked, on the other hand, not eagerly sought and it accordingly places the stamp of approval on the

*Read before The Canadian Nurses' Association, Montreal.

demand for higher remuneration as an attraction for the nurse who will care for such a patient?

But while this position is entirely defensible from the standpoint of the law of supply and demand, is it so on the basis that "The laborer is worthy of his hire," as regards the knowledge of mental disease and its care, by the general nurse? At the risk of being considered Shavian, I would suggest that if the general nurse receives three dollars per day for nursing a case of which she knows a great deal, she should pay at least six dollars a day to the family which permits her to nurse a case of insanity among its members, for it is a disease of which she knows nothing! Not that it is wholly just to criticize the nurse for this condition of affairs: she is the product of a system of training which has evoluted greatly in the past fifty years—a system and its exponents to which can be credited many valuable lives saved, and which has given in countless instances, examples of as fine a heroism, as steadfast a courage, and as high a sense of duty as e'er won the Victoria Cross on the battlefield, or in the cause of science found a last long rest as did Scott in the Antarctic.

But it would seem obvious that one of the reasons for the repulsion shown by the general nurse toward cases of mental disease, is the result of inadequate training therein. As a probationer, she daily meets disease and death, not to speak of menial duties at which her finer senses revolt. But she soon learns, through her instruction in biology, physiology and anatomy, as well as from certain ethical principles taught her, that pain and disease should ever be the object of real interest, at all times the incentive to sympathetic help—and thus enlightened these abnormalities no longer repel her. "Familiarity breeds contempt," but familiarity, as applied to disease, can, and does, beget understanding, sympathy, and the knowledge necessary to alleviate its pangs. This holds good of mental diseases, as well as bodily disorders. In the light of the instruction given to the nurse-in-training to-day relative to insanity, in practically all of our Canadian general hospitals, it would seem but a platitude to state that such should be vastly improved. One looks in vain through most of the curricula of these many excellent schools for an adequate apportionment of the three years' course to the subjects of psychology and psychiatry. Your Association should no longer delay to bring to bear upon the various training schools the existence of an urgent necessity for a fair measure of training in these two subjects. Remember that no case which is physically sick is mentally well—in the broader understanding of the phrase—the reaction of the human mind to pain and suffering and the many depressing influences of enforced inactivity is very different to that of the mentality when the full glow of bodily health is present. Is it not the work, nay, the duty, of those who instruct you in the care of physical ailments

during your course of training, to give fuller consideration to the matter of qualifying you, so you may grasp the fundamentals, at least, of psychology, and how it may be assailed in disease, both of the body and the mind?

What is insanity? The definitions of insanity are an imposing host numerically, some short, many too lengthy and involved. Perhaps the description of what insanity really is, as given by Dr. C. B. Burr, of Flint, Michigan, in his "Primer of Psychology and Mental Disease," will be sufficient. It is brief, and runs as follows: "Insanity is defined as a prolonged departure from the individual's normal standard of thinking, feeling and acting." His explanation of his definition is worth quoting, and I give it verbatim:

"It is a prolonged departure because there are many conditions in which there are temporary departures from the normal standard of thinking, feeling and acting which are not called insanity. Thus, in intoxication one neither thinks, feels nor acts as when sober, but this condition is not accounted insanity, and the subject is fully responsible in the eyes of the law for his conduct. It is true of shock, a blow on the head, fright, an epileptic convulsion, fainting (from loss of blood or heart failure), and apoplexy, that there may be temporary loss of consciousness and the mind does not act naturally, but the person thus suffering is not regarded as insane. Insanity may develop in consequence of injury, in consequence of the loss of blood, and in consequence of apoplexy or epilepsy, but the condition itself is not an insane condition.

"The definition speaks of the individual's normal standard. This means that every case is a law unto itself; that there is no fixed standard of thinking, feeling and acting. It cannot be said, for example, because one does not act under certain conditions as his neighbor acts, because he does not show the same amount of feeling that his neighbor manifests, or because he does not think in the same lines that his neighbor thinks, that he is insane and the other sane. In giving an opinion as to whether insanity exists, it is necessary to compare the person's present with his former habits of thinking, feeling and acting. The 'departure' may display itself in complete change of characteristics, tastes and tendencies, in simple perversions of the feelings and judgments, or in exaggeration of natural traits of character."

Is insanity increasing? After a careful review of published statistics from many sources in Canada and the United States, as well as the fact that private institutions in these two countries have notably increased in number in the past decade, it may be assumed that insanity is more prevalent than, say, twenty years ago. This statement is made in full recognition of the knowledge that better methods of treatment, more scientific study, and a higher recovery rate in hospitals for the

insane generally, as well as the establishment of psychiatric clinics, have resulted in the sending of many mild cases for treatment thereto of late years, which formerly would have been looked after in some fashion or other at home. The bar sinister of insanity is not readily acknowledged by immediate or even distant relatives, it is true, but it seems a proven fact to those whose daily work is among the insane that patients' friends more quickly seek aid for the afflicted member of their family in an institution to-day than was the case a few years ago.

As to the care of the insane by the State, much improvement in both Canada and the United States has been shown in recent years. Several of the Canadian provinces have made striking advances in their care of both the acute and chronic insane during the past twenty years. As an instance might be quoted an institution for the care of the insane in one of the newer provinces, viz., Alberta. Here a modern building equipped with elaborate hydrotherapeutic apparatus, has been erected within the past three years. Large institutions—and by these are meant hospitals of two hundred beds or over—are indispensable for the care, as well as the cure, of the mentally deranged, but a most excellent idea in the treatment of the insane is that embodied in the so-called psychiatric clinic; this first found its accomplishment in that land of greater achievement in medical science, Germany. The psychiatric clinic simply means the addition to a general hospital of a ward or wards for the treatment of the acutely insane, either in the same building or in a separate structure. Such a section is given over wholly to a medical staff and nurses fully qualified in the subject of psychiatry. It is provided with special hydrotherapeutic equipment, and here are treated successfully many acute forms of insanity, which renders unnecessary their being sent to the larger hospitals for the insane. Here, too, the nurse-in-training has opportunity for the study of acute mental cases, which is invaluable to her.

What are the causes of insanity? These are many and are divisible into: 1. Direct and indirect physical and emotional causes; 2. Vicious habits; 3. Constitutional and evolutional causes. Among the direct physical causes of insanity are head injuries, cerebral haemorrhage and chronic diseases, such as cancer, phthisis, Bright's Disease, pregnancy with its various perils, as well as sudden and severe fright, mental shock, grief, care, anxiety and trouble, domestic or otherwise. Under the heading of vicious habits, the following are to be noted, viz.: Intemperance, the addiction to morphine, cocaine, sexual excesses and other habits of life which lower the vitality. The constitutional and evolutional causes are legion, and attributable to such, faulty heredity comes foremost in the production of mental disease. Added to heredity, the evolutional and devolutional periods in the life of the individual are fraught with danger. Puberty and adolescence; in women, the eli-

macteric, and in both sexes, the oncoming of old age, i.e., senility, make such demands upon the nervous system that the stress entailed by such change in the individual economy is often too great and too profound to allow perfect function, hence breakdown occurs. In Verdun Hospital, during 1913, out of 247 cases admitted, hereditary taint was considered to be present in 92, or in 37 per cent. In 94 cases it was definitely denied, i.e., nearly 38 per cent. In the remaining 61 cases, nothing bearing on heredity was ascertainable, viz., 25 per cent. In a certain proportion of this latter group, had histories been obtainable, the influence of heredity would have been demonstrated as a casual agent, beyond reasonable doubt.

The likelihood of insanity developing in the children or grandchildren of an insane parent, is very great, though perhaps those in asylum work are prone to take too hopeless an outlook in considering this question; certain it is that evidence of insanity in the children and grandchildren of those who have suffered from mental afflictions is presented almost daily. This statement is made, giving, it is believed, due weight to the kind of environment in which the individual develops and matures. To quote one case, which was admitted to Verdun Hospital, and the mental life of some of his offspring, the following is given brief mention: J. McF., clerk, aet. 70, admitted to Verdun Hospital Jan., 1901, a case of senile dementia, but had shown mental symptoms for past ten years. Died April 21st, 1903, in hospital. He had six children. Of these, M. M. McF., aet. 32, admitted Dec., 1897, a case of acute melancholia, still in residence now showing secondary dementia; E. M. McF., aet. 24, admitted May, 1904, a case of acute dementia, still a patient, now shows secondary dementia. C. McF., aet. 28, suicided by shooting himself, presumably while mentally unbalanced. One brother, W. McF., now living, is reported by the family physician as "excitable and nervous." One sister, Mrs. H., and one brother, J. McF., both between 40 and 45 years of age, are so far normal. Mrs. H. unfortunately married an epileptic, and by him had five children. Of these, one, F. R. W. H., aet. 19, is a high grade imbecile, admitted to hospital Feb., 1914, and another daughter, M. H., aet. 13, is considered defective mentally, though still at home. Here we have the father insane: of his six children, three were sufferers from mental breakdown and a fourth "nervous," the remaining two are so far normal, but two grandchildren out of five are abnormal mentally, one being confined in an asylum. Such a record, chosen from hundreds, though few of which, fortunately, show quite as desperate a genealogy, surely is a potent argument for the sociologist and the eugenist; certainly, in the end, the commonwealth "pays the piper."

The effect of intemperance in producing insanity is, too, taking such cause in its entirety, more evident in the offspring than in the in-

ebriate himself. On the other hand, syphilis, as a factor in producing mental disease shows itself in the syphilitic, rather than in his children.

What are the different forms in which insanity may manifest itself? For you, as nurses, it will be sufficient to remember that insanity presents itself in an abnormal depression, termed melancholia; in an abnormal exaltation, termed mania; in enfeeblement intellectually, called dementia, and in perversions, more especially of the intellect, associated with persecutory delusions, known as paranoia. These manifestations, constitute, very broadly considered, it is true, four parent types, and practically all mental diseases at some point or other in their onset, establishment and course, conform in greater or less degree to one of the four. Certain of these types, too, may show much less prominently, symptoms that are most marked in one of the others, i.e., we often find a patient with dementia passing through periods of elation, resembling mania, and we see the distinctly depressed case, showing at times the suspicion and persecution so characteristic of paranoia, or again we find both maniacal and depressed stages alternating in the same patient.

In all of the foregoing hallucinations, illusions and delusions may develop. "An hallucination is a false perception without an objective reality." Hallucinations may be present in connection with any of the special senses; thus we speak of auditory hallucinations which are those "heard"; visual hallucinations, which are those "seen"; tactile hallucinations, which are those "felt"; and olfactory and gustatory hallucinations, which are those "smelt" or "tasted." A patient, for example, who looks at the bare floor and states he can see a snake crawling there, suffers from a visual hallucination; another who objects that he is being cursed or abused by others, when all about him is absolutely still, is the victim of auditory hallucinations; or he complains of frightful odors and foul gases in his room, whereas the air therein is fresh, thus manifesting olfactory hallucinations.

"An illusion is a false perception with an objective reality." Illusions occur also in connection with the special senses, one or more of which may be involved.

As an example of an illusion of hearing, a patient in the ticking of his watch hears commands given him, or in the whistle of a locomotive hears cries and shrieks; if on looking at a portrait, he sees the features change their expression, etc., he is said to suffer from a visual illusion. In the case of hallucination there is really no external stimulus to the particular sense at fault; in illusion there is a stimulus to the sense affected, and such is misinterpreted.

A delusion is "a false belief due to disease." This definition purposely includes the words "due to disease," because there are many

false beliefs held by individuals who can in no sense be regarded as insane. For instance, the beliefs in witchcraft, ghosts, or the possibility of demoniacal possession, etc., though false, are due to defective education and superstition and not to disease, and hence could not in certain ignorant persons be considered as delusions. In judging of a delusion, the education, mentality and character of the individual must be carefully weighed, for example, certain denunciatory remarks made about religion by an uneducated and vicious person would not necessarily call into question his sanity; were similar charges made publicly from the pulpit by a leading clergyman, let us say, it would be such a departure from his normal standard of thinking, feeling and acting, that doubt as to his saneness would arise on the instant.

Now just as persons of sane mind react to the various influences of their own perceptions, judgment, emotions and environment, so are lunatics swayed by their beliefs, their reasoning, their feelings and surroundings. There is this difference, the sufferer from mental disease has his formerly sane conceptions replaced, so to speak, by delusions, hence his reasoning is faulty, and his judgment is impaired; add to this an unstable emotional state and you can understand that the mental operations of such a sufferer can only lead to abnormal conduct and statement. Recently a patient, now in Verdun Hospital, asked his wife, when she was visiting him, to bring him a revolver so that he might kill her, their daughter and then himself; he, a case of melancholia, has the delusion that his wife and daughter are being slowly ruined, and are ultimately to suffer death by torture after great degradation; that he is, very soon, he believes, to be taken out and burned to death; death he admits he deserves, as "he has been a hopeless sinner," but naturally shrinks from it in such a cruel form; to save his wife and daughter, of whom he is very fond, and himself from this impending horrible end, his desire is to bring a more speedy merciful termination to the fate in store for all of them. Here we have delusions of a depressing character which, in his case, followed by his own defective reasoning, result in the impaired judgment that homicide and suicide are not only justifiable, but desirable.

What are some of the facts a nurse should know if called on to care for an insane patient?

As a preface, I cannot do better than quote from a paper by Dr. T. J. W. Burgess, Medical Superintendent of Verdun Hospital, "Insanity and the Nursing of the Insane," read before the Canadian Nurses' Association, in December, 1908.

He there states, "The fundamental principle of a mental nurse's education must be the fact that insanity is a disease; that insane acts and ideas as surely spring from a morbid condition of the brain as a bilious attack springs from a morbid condition of the liver. It is hard

to realize that it is possible for a person seeemingly well and strong, able to eat three square meals a day, and capable of moving vigorously about, to be sick, as is really the case with the insane, and yet it is all-important that this fact should never be lost sight of. Very often the victims of disordered mind imagine that their best friends are their worst enemies, and frequently, under the influence of insanity, the most kindly and refined ladies become notoriously obscene, lewd and irritating. Not rarely, too, we come across patients who, let the nurse be never so kind, will persist in formulating charges of neglect, inattention, and even cruelty against her. To bear such charges with equanimity, knowing them to be utterly baseless, is one of the hardest tasks imposed upon the mental nurse. It is only by the full recognition of the fact that such patients are sick and not answerable for what they say, that this can be done. It makes a hard struggle, I grant you, to keep down the 'old Adam' innate in us all, under such circumstances. It must be done, however, if you are to have any success in the care of the insane. Perhaps it may help you in the struggle if you will put it to yourselves in this light: I would never dream of taking to heart any of the absurd things said by a delirious fever patient, why, then, should I feel aggrieved at the remarks of an unfortunate lunatic, who is equally sick and equally irresponsible for what he may say?'' And again, in referring to the nurse in charge of a mental case: ''In all cases her main object should be to gain the confidence of her charge. Let her do this, and she will have much more comfort and ease in her attendance upon him, and much more success in carrying out any indicated line of treatment.''

Once a nurse to whom has been entrusted the nursing of a mental patient has fully grasped the basic principles of the foregoing enjoinment, her attitude toward such a case should be one of frankness, cheerfulness and tact. You would be surprised to know how often the mistaken evasiveness practised by the relatives in seeking to direct the comings and goings—not to say the stayings—of a lunatic are set at naught by his uncanny shrewdness. The truth, tempered by tact, is as important a force in dealing with melancholiacs, maniacs, dements, and paranoiacs, as it is with any other human being presently more favored by a normal mentality. Never dissimulate with a mental patient, but tell the truth without being bluff or abrupt. The tactful nurse can secure a hold upon her patient, which means a great deal in his management, and later helps convalescence at a surprising rate.

As to the physical needs of a patient, and your attention to them, you will find that there are hourly demands upon your attention, your powers of observation and your intuition that seldom arise in the caring for an ordinary sick patient. With the sane patient you can at least take for granted his desire to co-operate with you in the battle to re-

gain his health, with the insane patient he too frequently battles against regaining it.

Let your watchword here be, "Take nothing for granted," with reference to the patient's own statements as to the various functions of his body, or his needs of nutrition. For example, autointoxication from an overloaded intestine and rectum, the faeces being involuntarily retained, is common in cases of mental disorder; others deliberately keep the urine in the bladder, and need routine catheterization for this practice; others while taking the nourishment as given by the nurse willingly enough, apparently, may hold it in their mouths, awaiting the chance afforded by a temporary withdrawal of her attention, to eject it and attempt its concealment in some manner. I should like to say a word here as to the preparation and serving of food to an insane patient; do not forget that many are just as susceptible to the attractive appeal of foods properly prepared and daintily served as are those merely physically sick, whose appetite you consider it your duty to stimulate in every way within your power.

Some patients show the most peculiar ideas with regard to the taking of food. I have known a patient refuse food in any form unless she thought she was stealing it unobserved. In this case opportunity was given her to indulge her thieving propensities, with the result that she took sufficient nourishment thereafter. A common reason for refusal to take food is the delusion that it is poisoned, such false belief developing partly from illusions of taste and smell; the patient states he can taste powders or other nauseous material in all edibles brought him, or that they smell badly; others refuse food because God has "commanded" them to fast for a certain period, this mistaken idea being frequently elaborated from auditory hallucinations, viz., that "God speaks to them." Still other patients will not eat, from the desire to starve themselves to death; this latter is not uncommon in melancholia. When spite of tactful persuasion, or firmness, a patient will not eat, it may be necessary to resort to artificial feeding. This is usually resisted by the patient and demands the assistance of two or three besides the nurse. A soft rubber tube is introduced into the stomach either through the mouth or nose, and liquid nourishment poured through it. This should only be done by the physician in charge of the case, as there are risks attendant upon the procedure. Often, however, with lunatics (though I have been told not with the militant suffragettes), one or two feedings suffice, and hence, every time before feeding forcibly, the patient should be asked and allowed to take nourishment voluntarily, if he will.

The administration of medicines and their care is of paramount importance. All medicines administered and solutions used should be kept locked up and the key in the nurse's possession; they should pre-

ferably be kept outside the patient's room, and if in his room, as little display as possible should be made by the nurse in her periodic opening and shutting of their repository. When giving the prescribed dose, it must be a matter of certainty with the nurse that her charge has actually swallowed it. There are many cases recorded where a patient has collected a sufficient number of tablets, which were being given daily, and kept them, finally taking them all at once, with a fatal result. For this reason, in part, all drugs given to insane cases are usually prescribed in liquid form; but even here patients have been known to collect in a vessel, and later take a poisonous dose of such remedies. After giving the patient his dose, watch for the movement of the thyroid cartilage indicative of the act of swallowing, and if still unsatisfied, seek to have him open his mouth, in order to ascertain positively that the draught or dose has been taken.

As to serious bodily disease developing in a mental case, it should never be lost sight of that many patients with mental disorder show an anaesthesia for physical pain and distress; certainly they may evidence a silent fortitude in bearing "all the ills that flesh is heir to," which is well nigh incredible. I have seen a man with double lobar pneumonia, complicated by a purulent pericarditis (as proved by post mortem), and with a temperature of 103.2 F., attempting to eat full meals, dressed and ready for the day's routine. I have known a man with four badly fractured ribs, a fractured sternum, and a consequent surgical emphysema (accidently sustained), proceed for thirty-six hours to follow his ordinary daily habits. Hence, while you cannot depend on a complaint from the patient that he feels unwell, or that he suffers pain, it is your bounden duty to train your powers of observation as keenly as possible on every case of mental disease that you meet. A twinge in the chest region, the protest of pulmonary mischief, or a slight cough with an increased respiratory rate, may attract your attention to thoracic trouble; a restless changing of position, combined with a semiflexed thigh and slight vomiting may give you a clue to abdominal trouble, and so on through the gamut of physical disease. The point to be remembered by the nurse caring for a mental patient is that she must be ever on the qui vive to note any early signs of acute physical disorder, for her patient either cannot or will not be the one to call her attention thereto by mention of discomfort as would a sane case. If in any doubt as to whether some bodily disease is about to show itself or not, report the fact at once to the attending physician.

A word on the room which your patient should occupy. If possible, a large, airy apartment is to be chosen, remote from noise, and, most desirably, from the other members of the family. Your knowledge of hygiene and sanitation, as applied in nursing, holds good with the abnormal as well as the normal mental case. In the mental case,

however, all your watchfulness and care regarding personal hygiene should be increased tenfold, for a large proportion of insane patients are notably careless and uncleanly in their personal habits. Especially likely are the cases of acute mania, and those showing stuporous states in certain forms of acute dementia, and in any form of senile dementia, to disregard the ordinary rules of cleanliness; incontinence of urine and faeces are common, though improvement in a patient's habits can frequently be gained by the nurse seeing that opportunity for the exercise of these functions with a strict regularity is given at suitable intervals.

As to the mental requirements of your patient, I can assure you that although you are dealing with a disordered intellect, you would be wholly wrong were you to assume that in such a one, occupation and diversion would be useless as therapeutic and curative agents. In excited states associated with destructive tendencies, where the clothing is being constantly torn and articles about the room broken, an abatement of these symptoms can be confidently expected if your patient can be induced to take up some light occupation. In conditions of melancholia, too, a betterment may show itself, dating first from the time the patient engages in some simple work, which supplanted for a space his morbid thoughts; and in dementia, even of the more chronic forms, your aim should ever be to convert helpless, idle hands into busy ones. The exact kind of work or play chosen is not material, further than it should be congenial and not difficult; plain sewing, more intricate needlework, knitting, drawing, music, the lighter forms of housework, or among outdoor recreations, garden work, walking, croquet, driving, etc., all may be employed. Your own fertility of resource will choose and change from time to time, and your patient will reap the benefit. Never omit to show appreciation of any work which your patient has done at your request; a little quiet praise, without fulsomeness, is an encouragement to the befogged mind groping its way back to saner channels, just as it is to any of our more fortunate selves. One woman patient, after days of urging, from whom I had secured a promise to make candy bags at Xmas, faithfully began work and completed a number very nicely. On passing through the ward a few hours later I spoke to her, but oversight, alas, caused me to make no allusion to her work. The despatch and thoroughness with which the bags were torn up, fully equalled that shown in their manufacture, and she made no more.

The dangers to be apprehended in the care of a mental patient are worthy of full consideration, as they are in large measure preventable, when once their origin and some of the varied methods of carrying them into effect are understood.

Any case of melancholia must be considered as suicidal from the

time of its inception till convalescence is well established and all sign of despondency has vanished. The fact must be ever borne in mind by the nurse, and she must look to it that all possible safeguards shall be taken in cases manifesting depression and permit not even the mildest forms of these disorders to secure the least chance of injuring themselves. Suicidal attempts in melancholia may occur as impulses or may be premeditated and cunningly worked out; they are usually the outcome of the patient's delusions that he is too vile a person to be on this earth, or that he can no longer bear the intense mental agony that oppresses him, or that by quickly ending his life, he escapes the death by torture which is reserved for him. A point worth noting in connection with melancholiacs is that their depression is most intense usually in the early hours of the morning, while, as the day wears on and evening approaches, the veil of gloom slightly lifts. Hence it is that extra careful watch should be kept upon them during these matutinal hours. Homicidal attacks are very frequent in melancholia, and usually spring from the sufferer's delusion that those whom he seeks to kill are thus saved from a more terrible end. In purely maniacal states, attempts at self-destruction are not as much to be feared, though here injury may result from the patient's own great motor restlessness and increased muscular movement; such patients, however, may exhibit a violence to others severe enough to be homicidal in character. In certain forms of dementia, self-mutilation is not uncommon, usually in obedience to fancied commands from God (auditory hallucination). This tendency is also exhibited in melancholia at times. In paranoia, homicidal attempts are frequent, but suicide is comparatively uncommon; the murderous attacks of the paranoiac are the outcome of his delusions that he is being persecuted by others, and are generally the direct attempts on his part at reprisal.

A few instances of the suddenly executed, unexpected, and desperate attempts at suicide and self-injury or homicide made by lunatics, may serve to impress upon your minds that eternal vigilance is the price of life, both for patient and nurse. I have known a patient to suicide by breaking a glass that had contained water and was placed near his bedside, crushing it in his blanket to prevent noise, and cutting his throat with a large fragment; another patient succeeded in killing herself by swallowing the end of a sheet until there was sufficient to press upon the epiglottis and cause death by suffocation; another swallowed several needles, which eventually resulted in her attaining her end. A fatal mistake a male attendant made recently in a hospital where lunatics are cared for was, while on special night duty, to fall asleep; his charge seized the opportunity to kill him, and, taking his keys, escaped.

It goes without saying that patients with any of the above-named propensities should have no article at hand, or in the room, able to be converted to a dangerous use, but even with the utmost care, no degree of safety can be obtained to compare with the security which constant watchfulness affords. The patient should be under observation ALL the time.

In controlling an excited or agitated case, the use of mechanical restraint is to be condemned; its employment to protect a surgical patient is permissible, and then it should be withdrawn at the earliest possible moment. Patients exhibiting excitement often subside of their own accord in a few minutes, if not directly crossed and opposed by counter-violence; whereas the use of physical force only serves to further excite and enrage them. Often the maniacal excitement can be lessened by the use of the warm bath or hot pack. The continuous bath, viz., a large bath of special construction, in which the patient, although completely immersed, lies on a canvas support, and is kept for three or four hours in water at a temperature of about 105 F., is installed in all well-equipped hospitals for the treatment of mental cases.

If force should be absolutely needful, it must be exercised as gently as possible, and there must be plenty of help at hand to render it effective without risk of the slightest injury to the patient. No nurse, single-handed, should attempt its use, and before any compulsion is used it should be explained to the patient just why it is resorted to; no hint of its being used as a punishment, or abuse, can be allowed to cling to it. Fortunately, it is rarely needed, and often the mere exhibition of superior numbers will bring a ready change in the patient's turbulent attitude, for he realizes further resistance would be of no avail.

Insomnia, one of the earliest symptoms of mental disorder, and in the acute insanities, an inevitable accompaniment throughout their course, is a distressing feature. To the restoration of sleep when lost, and its improvement when markedly impaired, the nurse is to direct intelligent efforts continuously. Some of the forces she can employ to assail this foe are scrupulous attention to the bed and bedclothing; the temperature, lighting, and ventilation of the room; the hot bath for fifteen minutes at a temperature gradually raised from 90 to 105, followed by rubbing dry her patient and the administration of a glass of hot milk after the patient is in bed. Some light article of food, such as hot gruel, given when the patient retires, will sometimes suffice to induce sleep. A liberal allowance of fresh air during the day, and where the patient's strength permits, a fair amount of exercise therein, are conducive to a night of restful sleep. Failing these various simple measures, the use of drugs as the attending physician prescribes, is the only recourse.

There are other points—too many of which have been omitted, I fear—well worth your attention, which should be incorporated in a paper such as this. Nevertheless, if, in some degree, your interest has been engaged in the subject of insanity, and the importance of training schools giving it a place in their curricula; if, though imperfectly, you have been given a glimpse of what lunatics and lunacy really are, rather than what public opinion, with its too often heedless misconception deems them to be, my efforts will not wholly lack success.

I thank you greatly for the honor done me in requesting that I should deliver a paper before your Association.

THE GRADUATE NURSES' ASSOCIATION OF SASKATCHEWAN.

One of the brightest and most enthusiastic gatherings attended in many a day was the annual meeting of the Saskatchewan Graduate Nurses' Association, held on the afternoon and evening of May 6th, in the Y. W. C. A. club rooms.

The objects of the Association, as enunciated in the Constitution, are "the advancement of the educational standard of nursing, the maintenance of the honor and standing of the profession, and the furtherance of necessary legislation in the interests of the public, the physician, and the nurse."

It is felt that these objects can best be achieved through the passing of a Registration Bill by the Provincial Legislature, one similar to those in force in some of the other provinces of Canada and in several States of the Union, framed for the protection of the public and at the same time fixing a dignity and uniformity to the nursing profession.

Mrs. John C. Black, President of the Regina branch, occupied the chair, between forty and fifty being present at the afternoon session, these including delegates from Prince Albert, Indian Head, Yorkton, and Medicine Hat.

Following the reading of reports, the first business of importance was the reading of the Registration Bill, drafted by Miss Cooper, of Indian Head, a registered nurse of New York, and put in legal form by a local lawyer.

The following are among the outstanding points of the Bill, which will be presented to the Legislature next autumn:

"Any resident of the Province of Saskatchewan being over the age of twenty-one and of good moral character, holding a diploma from a training school for nurses connected with an accredited hospital or sanitarium giving a course of instruction of at least three years, and possessing such other qualifications as may be required from time to time by the rules and regulations presented by the board later men-

tioned, shall receive a certificate of qualification to practise as a registered nurse, and shall be entitled to be styled and known as a registered nurse and to use the abbreviation R.N., or any other word, letter, or figures to indicate that the person using the same is a registered nurse."

Provision is made for the nomination by the Saskatchewan Registered Nurses' Association for examiners, ten of the Board to have had at least five years' experience in their profession, and at each annual meeting thereafter two other candidates. The Department of Education of the province shall appoint a board of five members from nurses so nominated, one member of the board to be appointed for one year, one for two, one for three, one for four, and one for five. Upon the expiration of the term of office of any examiner, the Department of Education to fill the vacancy for a term of five years.

Ten dollars must be paid by each applicant, examinations to take place annually, the time and place to be arranged by the Department of Education. Applications must be in ten days previous to date of examinations. Department of Education may waive examinations on recommendations of Board and the Board shall have power to register without examination anyone registered as a professional nurse in other provinces under the laws which in the opinion of the Board maintain standards similar to those provided by the Act.

The Board shall be empowered from time to time to make orders, regulations, or laws governing the examination of applicants for registration not inconsistent with the provision of the law, and shall from time to time make rules and regulations providing for the establishment of uniform and reasonable standards of maintenance of institutions and training to be observed by all schools for nurses, and determine such as are to be placed or withdrawn from the list that shall be known as the list of accredited schools for nurses, which list shall at all times be kept on file in the office of the secretary of the said board, where it shall be open to the public at all reasonable hours, and a copy thereof shall be kept on file in the office of the secretary of the Department of Education.

The names and addresses of all registered nurses will be kept in a book by the secretary.

Revocation of certificates may take place provided due notice is given in writing of complaint.

Attempting to register by misrepresentation, etc., shall be punishable by a fine of not under one hundred dollars or over five hundred or three months' imprisonment.

The discussion of the Bill was very ably led by Miss Jean Browne, of Regina, who in a few well-chosen words sketched the history of the Regina Association and the steps leading up to the framing of the Bill.

Emphasis was laid upon the importance of the co-operation of graduate nurses in all parts of the province and their bringing their influence to bear on the members of the Legislature of their districts.

The afternoon's discussion was brought to a close by the arrival of Dr. W. A. Thomson, a speaker of the session, who drew attention to the difficulties to be overcome in securing the passing of such a Bill. He pointed out the importance of securing the sympathy of the public, of having the public realize that in raising the standards of the nursing profession the public will be the first to benefit. A brief, technical talk on the subject of "Obstetrics" concluded his helpful address.

After a very enjoyable solo by Miss Amy Craig, afternoon tea was enjoyed, Mrs. Disbrow and Miss Turner, Superintendent of the hospital, pouring tea and coffee.

The inclement weather made a motor trip around the city impossible, and, instead, the nurses were taken directly to the Parliament Buildings, where an interesting visit was paid to the bacteriological department, Dr. Charlton, Government Analyst, being closely followed as he described the tests for determining the nature of germs and the system by which the skill of the laboratory is at the service of every physician in the province.

At eight o'clock the Y. W. C. A. club room was filled to its capacity, the chairs being arranged to afford greatest seating accommodation.

With a few appropriate remarks, Mrs. Black introduced the programme, once more asking for a reading of the Registration Bill to afford those absent in the afternoon an opportunity of becoming acquainted with its clauses.

Diversion was created by an amusing reading by Miss Dodds, the famous experience of Jerome K. Jerome in acquiring every disease but Housemaid's Knee.

Dr. Bow, M.H.O., announced as his subject one in which a group of graduate nurses would naturally be interested, namely, "Infantile Paralysis."

Attention was first called to the "new public health," the public health that differs from the old in that it deals with persons, not things; that has as a postulate, "Man himself is man's worst enemy, not his environment." Public health is now approached through aroused public opinion.

Concerning his subject proper, "Infantile Paralysis," Dr. Bow stated the first outbreak reported was in 1881. The outbreaks and steps taken in research were followed one by one to the present time. The appalling increase in cases was noted: From 1880 to 1884, 23 cases; 1890-94, 151; 1900-04, 349; 1905-9, 8,054; the more thorough reporting not being by any means responsible for the increased figures.

The disease is most prevalent in Northern Europe and the United States, more prevalent in small towns and rural districts than in cities.

It is more prevalent in countries marked by great variations in temperature; in summer than in winter. The majority of cases are children under five. There is no evidence that the disease exists among the lower animals. The germs are readily killed by very weak disinfectants, but survive low or dry temperature.

One attack brings immunity.

Three theories are advanced for transmission: (a) Contact, (b) Stable flies, (c) Air or dirt-borne.

Patients should be isolated in sparsely furnished room. Same precautions on part of doctors and nurses as in scarlet fever. Disinfection of all discharges. Boiling and disinfecting of dishes and utensils used. Protection of house against flies.

Miss Turner, Superintendent of nurses, General Hospital, was warmly welcomed as she rose to address the gathering. She dwelt upon the importance for nurses of high standards and of adaptability. The nursing profession touches the great issues of life. The nurse must minister to the sick, the sorrowful, the broken in life's battle. The troubles of patients are confided to the nurse. She must have strength endurance, and well-balanced mentality. The highest type of woman is required for the profession.

A training school alone will not turn out an ideal nurse. The public must co-operate. She is the product, not only of the training school, but also of the years previous to her entry. She must bring into a stricken household strength and consolation. She must bring to her work unselfishness, devotion to duty, and mental strength.

While formerly hospital, private, and district nursing were the only avenues open to a trained nurse, fresh opportunities are now continually presenting themselves, such as school nursing.

In conclusion, Miss Turner had some valuable thoughts on the subject of registration. It is expedient that a standard shall be raised. Patience and perseverance will be required in securing the passing of a Bill. Only by heartiest co-operation will wishes be realized. And the fullest benefit of such legislation will lie in the better protection of the public.

In moving a vote of thanks to Miss Turner, Mrs. Ellis referred to the kindness of the hospital matron in the past year in providing the association with a club room and allowing the use of her own apartment for a social hour at the close of meetings.

Delightful solos were sung by Miss Craig and Dr. Parkin, both of whom were enthusiastically encored.

Refreshments were again served, after which the election of offi-

cers for the coming year took place, Miss Turner kindly presiding over this important business:

Honorary President—Miss Turner.
President—Mrs. J. A. Westman.
First Vice-President—Mrs. Ellis.
Second Vice-President—Mrs. Adam, Prince Albert.
Secretary—Miss Shantz.
Treasurer—Miss Bolster.
Social Committee—Mrs. J. C. Black, Mrs. Moore, and Mrs. Van Valkenburg.
Visiting Committee—Mrs. W. A. Thomson, Miss McRae, and Miss Best.

In moving a vote of thanks to Dr. Thomson in the afternoon, Miss Ghent touched upon an important question, that of the service of nurses for the rural districts in families which cannot afford to pay for such services. The suggestion was made that for the sake of experience nurses might be sent out from the hospital.

Mrs. Ellis and Miss Bolster were responsible for the excellent programme, and Mrs. Westman, convener of the social committee, deserved much credit for the tempting refreshments and the enjoyable "gossip time."

Among those from out-of-town who attended were: Mrs. Adam, Prince Albert; Miss Walker, Yorkton; Mrs. Cochrane, Medicine Hat; and Miss Cooper, of Indian Head.—*The Leader.*

THE TORONTO CENTRAL REGISTRY OF GRADUATE NURSES.

The ninth annual meeting of the Toronto Central Registry of Graduate Nurses was held on Thursday evening, June 4th, at the Nurses' Club, 295 Sherbourne street, where the Registry has its headquarters. Miss C. A. Mitchell, convener of the Registry Committee, occupied the chair. There was a good attendance of members. In addition to the registrar's report, which appears here in full, there was a short report from Miss Mitchell of the work done by the Central Registry Extension Fund. A number of patients who needed skilled nursing had been cared for during the year.

Madam Chairman, Members of the Central Registry, and our Guests:

In presenting our ninth annual report, we do so with gratitude for the measure of success that has attended the work of the Central Registry.

The past has been one of progress and steady growth. Our membership at present is 471, consisting of the following graduates: Toronto General Hospital, 138; St. Michael's, 58; Grace Hospital, 46;

Toronto Western Hospital, 41; Hospital for Sick Children, 29; Riverdale Isolation Hospital, 23; St. John's, Toronto, 6; Hospital for Incurables, in affiliation with Bellevue, N.Y., 4; Free Hospital for Consumptives, Weston, in affiliation with Bellevue, N.Y., 1; Dr. Meyers, 1; Orthopedic, with post-graduate, 1; outside Canadian hospitals, 39; American hospitals, 54; from training schools in England, Ireland, and Scotland, 28; male nurses, 2.

That you may more fully understand how the work has grown in the past few years, I may mention the calls for year ending May 31, 1910, were 1,814, whereas the calls for this year totaled 4,211, an increase over last year of 533. Of these 2,726 were personal. The largest number of calls came in May, with a total of 477; the lowest in September, with a total of 256. Twenty-four patients received assistance from the Central Registry Extension Fund.

The Toronto Central Registry of Graduate Nurses' Financial Statement.

—Twelve Months Ending May 31st, 1914.—

RECEIPTS.

Balances in banks June 1st, 1913—		
Savings account, Bank of Hamilton	$1,424 02	
Current account, Dominion Bank	107 46	
		$1,531 48
Fees collected during year	$2,315 00	
Sales of charts and clips (averaging $6.54 per month)	78 45	
Interest savings account to May 31st, 1914	43 03	
		2,436 48
		$3,967 96

EXPENDITURES.

Salaries of Registrar and Assistants	$1,380 00	
Rent, 12 months, to May 15th, 1914, two rooms at Club-house	300 00	
Expense of annual meeting, June, 1913—		
Catering	$32 00	
Orchestra	12 00	
Extra help	2 00	
		46 00
Telephone, service to June 30, 1914	$69 00	
Telephone, long-distance tolls	7 15	
		76 15
Advertising, quarter-page, The Canadian Nurse, to June 30, 1914	25 00	
Do., The Canadian Nurse, re annual report	5 00	

Printing, 500 lists of registry members (booklets) ..		37 00
Do., 'phone pads		7 50
Stationery and office supplies		16 15
Postage		19 25
Railway Guide, 12 months		5 20
Audit, report and books; one year to 31/5/13		15 00
Charts and temperature sheets		31 00
City Directory		10 00
Contributions to charitable objects—		
Extension Fund, annual amount $300 00		
Ludhiana Mission Hospital 25 00		
Christmas cheer, six local charity funds 30 00		
Sundry items 14 15		
		369 15
Gratuity to Mr. M. H. Ludwig, K.C.		25 00
Balances May 31st, 1914		$2,367 40
Cash on hand .....$	16 30	
Savings account, Bank of Hamilton	1,467 00	
Current account, Dominion Bank	117 21	
		$1,600 56
		$3,967 96

MARGARET EWING, Treasurer.

The amount of overdue fees at this date appears to be $140.00.

I have examined the vouchers, cheques, bank books, cash books, and fee book of the organization, and certify that above statement is in agreement therewith.

T. W. ELLIS, Auditor.

Toronto, June 2nd, 1914.

As a means of keeping the Registry before the medical profession, a small book, containing the names of every member, was printed and distributed.

To the nurses we desire to express our appreciation of their faithful service, and sincerely thank those who so kindly responded when called (though they had not reported for duty). Had they not done so, we would have had many unanswered calls, the past month having been such a busy one.

A number of our nurses have secured hospital positions in Dawson City, North Bay, Cobalt, New Liskeard, Augusta, Florida, Newburgh, N.J. Next week one leaves for Asheroft, B.C. Several have accepted positions in this city.

We regret having to record the death of two of our members—Miss Mary Tipping, graduate of the Toronto General Hospital, and Miss Foley, graduate of St. Michael's. We extend our sympathy to

those who have been bereaved, also to those who have suffered illness. We are sorry to say one is still in a serious condition.

Our very best wishes follow the 21 who have been married since our last annual meeting. Our thanks are due, as in previous years, to the ladies in charge of the various nurses' homes who have so kindly given us their support and encouragement. We are, indeed, fortunate in having Miss Mitchell still with us as convener, to whom, with the members of our committee, we are truly grateful for wise counsel and assistance, which was always so willingly and graciously given. It is our earnest desire to combine loyalty and efficient service in our every effort for the welfare of the Central Registry.

Respectfully submitted,

MARGARET EWING.

The Central Registry Extension Fund—Treasurer's Report.

RECEIPTS.

By Balance, June, 1913	$630 94	
Receipts to June 4 ,1914	381 00	
Interest	15 12	
		$1,027 06

DISBURSEMENTS.

To printing reports	$ 10 00	
Supplementing 26 nurses' fees	446 25	
Balance June 4, 1914	.57 81	
		$1,027 06

BELLA CROSBY, Treasurer.

June 4, 1914.

I have examined the cash book, bank book, and vouchers, and certify that this statement is in agreement therewith.

T. W. ELLIS.

June 1st, 1914.

A REORGANIZED DEPARTMENT IN TORONTO.

The Public Health Nurses of the Department of Public Health in Toronto have been increased to thirty-two for the four summer months, in order to assist in preventing the unnecessary waste of infant life during the hot weather.

In February of this year, the Tuberculosis and Child Welfare groups of nurses under the Department of Health were combined to form the division of public health nursing. The nurses were divided into three groups, each group having an office and a supervisor, who reports to the central office in the City Hall. In this way, the entire

city is covered and each nurse has a definite area in which she is responsible for health and sanitary instruction. The nurse takes charge of infant welfare and tuberculosis clinics in her section, although a supervisor of baby consultations and a supervisor of tuberculosis clinics are provided in order to maintain a certain uniformity of methods throughout the city, and in order to guarantee to the physicians (who must of necessity be specialists) that intelligent knowledge of their wishes, which is essential to the successful operation of clinic work. The orders given in the clinic are transferred promptly to the district office and through it to the nurse already acquainted with the home.

The filing system in the three district centres is based on the principle that the family is the unit in health visiting. A heavy card bears the names of all members of the family and a few essential data. Filed behind this card are histories as the need may arise in that family —tuberculosis, pre-natal, infant welfare, children, contagion, miscellaneous or social. Each individual history bears the number of the family record.

The organization of this department is of interest, since it is a demonstration of the possibility of providing one health instructor for each home and at the same time meeting the requirements of the highly-specialized work of physicians engaged in preventive medicine.

CORRESPONDENCE

To The Canadian Nurse:

In the British Journal of Nursing, May 9th, you will find a programme of subjects to be treated at our congress in 1915, and we are asking our affiliated countries to select from this list not more than five of the subjects which are especially close to its interests, and also to select the women to write papers on these subjects. It is thought that in this way each country can have the most freedom in treating of what seems to it most important. The papers should be limited to ten minutes' time, and, also, we cannot promise that each one will be *read*, but all will be printed, and, so far as possible, each one will receive a place in the programme, preference, of course, being given to those who are present in person to read their papers.

As we expect to divide our sessions into sectional meetings, to some extent, we hope to have time to consider a large variety of subjects.

I will be obliged if you notify me as soon as you can what papers we may expect from your country, and, when possible, the names of

those who will write them, so that we may go ahead with getting the whole programme into order. So, to sum up:

1—Each affiliated country may contribute not more than five papers.

2—Papers to be not more than ten minutes' reading length.

3—Subjects and writers to be selected by the National Association.

Hoping this is satisfactory to you, I remain, as ever,

Sincerely yours,

(Signed) L. L. DOCK.

P.S.—We may also invite some special papers, and will probably have more than five ourselves, as the Congress is here, and all our National Societies are merging their annuals into it.

Los Gatos, Calif., May 29,1914.

To The Canadian Nurse:

The Exposition Officials have granted space to the International Nurses' Association for an exhibit, to be maintained during the entire life of the Panama Pacific International Exposition, to be held in the Educational Building in San Francisco from February 20th to December 4th, 1915.

What has your country to exhibit that would be of interest to the profession and to the public?

The story we are required to tell must represent what the nurse of the past was, what the nurse of the present is, and what the nurse of the future shall be. One of the ways which we wish to do this is by having three dolls dressed, not over two feet high, from each country representing—

1—The costume worn by the first nurses of your country.

2—The costume in use to-day.

3—The costume that your country suggests as the ideal costume of the future. The dolls are to become the property of the International Nurses' Association.

Cash prizes will be given to the nurse sending the best and second best inventions.

All the exhibit material must be in hand by December, 1914. Will you please take this matter up at once, signifying your intention to enter the three dolls from your country. Also, your desire to submit other exhibit material.

Yours sincerely and fraternally,

HELEN C. CRISWELL,

Chairman 1915 Committee.

Editorial

OUR SPECIAL NUMBER.

Plans were carefully made in good time to make our July issue a special Registration Number, each Provincial Association being asked to be responsible for two papers on "Registration for Nurses." It was thought that in this way the subject would be fully discussed, and each association helped by the interchange of ideals and plans, and all enthused to greater and more united effort in seeking to secure Registration.

That we have had to change our plans is evident. The necessity for this at the last minute was the failure of so many to have their papers in the Editor's hands by the time specified. As only Nova Scotia, New Brunswick, Saskatchewan, and Alberta had responded, the only alternative was the postponement of our special number till August.

May we hope that all the papers will be ready in good time, so that there may be no further delay.

THE CANADIAN NURSE

The Canadian National Association of Trained Nurses is endeavoring to formulate plans by which it will assume the ownership of our national magazine, The Canadian Nurse. This will be a long step forward for the National Association, indeed, we may say, the first step which really stamps the Association as National.

Since the inception of the magazine the Editorial Board has courageously persevered with its herculean task because of the visions and hopes for the future tenaciously held. One was that Canada would have a National Association and so be enabled to take its rightful place in the International Council; and another, that the National Association would become responsible for the management of The Canadian Nurse.

Canada has had its National Association since 1908 when the Provincial Association was organized in Ottawa. The permanent organization was accomplished at the first Triennial Meeting, in 1911, at Niagara Falls, Ont.

Now the Association has reached the place where it is ready to discuss plans for taking over The Canadian Nurse. This all goes to show that the Editorial Board did not hold to visions and hopes that were idle and useless, but have been true prophets, and, like true prophets, they welcome the realization of these visions and hopes.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

An extract from a letter by E. B. G. in Misercordia will be of interest:

Dear Father Russell,—I think you will like to know that I have lately returned from Nice, where I visited dear Miss Antrobus' grave in Caucade Cemetery. The cemetery is beautifully situated, high up above the town, with a wonderful view of the blue sea far below, and mountains beyond, which were snow-capped just then. It was a brilliantly fine day, and I sat and basked in the sun, and watched the bees and the lizards, and such quantities of flowers in bloom.

Miss Antrobus loved Caucade, and used to drive there from time to time, as many of her old friends are buried there; and quite lately one of her oldest Nice friends has been laid at rest in the next grave to hers. There are pansies planted on her grave, and I filled two large vases with pink and white stock. The inscription on the marble cross is:

"In loving memory of Susan E. Antrobus, Foundress, and for 36 years Superior of the Guild of St. Barnabas for Nurses. Born December 31, 1837. Died January 2, 1913. 'Beati Misericordes Quoniam ipsi Misericordiam Consequentur.'"

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst street, Toronto; Miss M. Ewing, 295 Sherbourne street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas street, Toronto; Miss Jessie M. Robson, 45 Dundonald street, Toronto; Mrs. Clutterbuck, 148 Grace street, Toronto; Miss J. G. McNeill, 52 Alexander street, Toronto; Miss C. E. De Vellin, Alexandra Apartments, University avenue, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn avenue east, Toronto; Miss E. M. Norris, 82 Isabella street, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic avenue, Toronto; Miss Agnes Boyd, 59 Avenue road, Toronto; Miss G. L. Rowan, Superintendent of nurses, Grace Hospital, Toronto.

The monthly meeting of the Executive was held on Wednesday, May 27, 1914, at the Nurses' Club, 295 Sherbourne street, Toronto. There were seven members present, Mrs. Tilley in the chair.

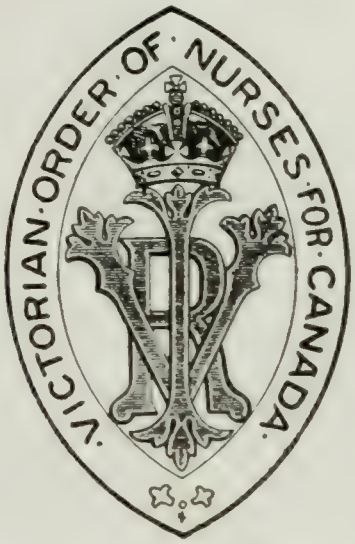
The treasurer reported for the year ending May 24, 1914: Balance from last year, $561; receipts for the year, $311.78; disbursements, $584.90; balance, $287.88.

A letter from Hamilton Chapter re the representative to the executive meeting was referred to the committee on revision of constitution and by-laws.

The President of the Kingston Alumnae asked that application forms be sent to twenty-four nurses.

The report of the scrutineers appears at top of page in new list of executive.

The programme for the annual meeting to be held in September next is now being prepared, and promises to be a good one.



Some seventeen years ago the Women's Institute Movement in Canada was inaugurated, and it has kept on growing in importance each year. Every province now has its institutes, banding together the thinking women of the country districts, who are doing splendid welfare work in their various communities.

The Saskatchewan Institutes –known as the Homemakers' Clubs of Saskatchewan—held their annual convention in Saskatoon, May 26th to 29th. Between one hundred and twenty-five and one hundred and fifty delegates attended. The meetings were held at the university, and the opening addresses of welcome delivered by President Murray and Dean Rutherford. The programme was a very varied and interesting one. Excellent papers were presented on: "Environments," "Poultry for Profit," "First Aid to the Injured," "Child Training," "Co-operative Marketing," "Our Opportunities," "The Highworth Club Room," "The Fruit Garden," "District Nursing," "Trees, Shrubs, and Flowers," "School Gardening," "Home and School Sanitation," "The Trend of Modern Education," "Educational Value of Dramatic Training," "Principles Underlying Soil Management."

The chief superintendent of the Victorian Order attended the convention by invitation, and delivered an address on the Victorian Order of Nurses, with special reference to the country side of the work. A very full discussion followed, and it was a treat to hear the able way in which the discussion was carried on, and the many leading questions that were asked.

The superintendent has promised to visit many of the districts when in the West again in August, with a view to organizing country district nursing branches.

This country work has in it wonderful possibilities, and with the intelligent and hearty co-operation of the members of these clubs a great deal of splendid welfare work should be the result.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

THE CARE OF THE FEEBLE-MINDED.

By G. S. Mundie, M.D. Montreal.

When I speak of the feeble-minded I employ the term as it is understood on this continent, to include all cases of mental defect. In England they use the term "feeble-minded" to designate the highest grade of those mentally defective, but in America the term "moron" is used. We thus have three grades of feeble-mindedness—idiot, imbecile, and moron.

Idiots are those so defective that the mental development never exceeds that of a normal child of about two years.

Imbeciles are those whose development is higher than that of an idiot, but whose intelligence does not exceed that of a normal child of about seven years.

Morons are those whose mental development is above that of an imbecile, but does not exceed that of a normal child of about twelve years.

Besides these three classes, I would include those children who are backward in school, who need special training and attention to make them equal to children of their own age.

The first important point in the treatment of the feeble-minded is a correct diagnosis. This is often an easy matter, but, again, it may be very difficult. Cases that seem very defective may not be so, and there are those who, to an ordinary person, may seem smart and clever

are really very defective. The examining physician has to postpone giving his diagnosis in many borderland cases; but I wish to decry the practice of many laymen and, I am sorry to say, many physicians who pacify the parents of a feeble-minded child by telling them that he or she will grow out of it. Feeble-mindedness is a defect of the brain, not a disease, and, therefore, there is no cure for it, although the child's condition may be greatly improved. A child with a mentality of six years can never be made to have the mentality of twelve years.

As to the causes of feeble-mindedness, I shall say very little, except that seventy to eighty per cent. of the cases can be traced to heredity. There are cases where there is apparent feeble-mindedness, but when certain defects as correction of vision or hearing are remedied the child rapidly becomes normal. This brings me to the first step in the case of these unfortunates, i.e., medical and surgical treatment. Every child should have a thorough physical examination in order to make sure that vision, hearing, and other senses are normal. Enlarged tonsils and adenoids should be removed.

For the backward children every community should have special classes in the Public schools, and these classes would serve as a clearing-house for those who were only backward and those who were really feeble-minded.

Institutional life is essentially for the feeble-minded. The danger with them is that in a body which has the passions of a man or woman there is the mind of a child. The institutions should preferably be built on the cottage plan, with about twenty or twenty-five persons to a cottage. They should be built in the country and surrounded by enough land for farming and other industrial pursuits. The land need not be the best farming land; it may be rocky and covered with trees, as the feeble-minded man is often physically very strong, and under suitable guidance will soon make the land productive. It should be the aim of these institutions to be practically self-supporting. All the necessary garden produce, milk, beef, eggs, etc., should be raised by the inmates. They make splendid gardeners, dairy workers, poultry-raisers, and cattle men. All they need is friendly help, a smile and encouragement now and then, and somebody to keep them from working too hard. Happiness is the keynote of success with them. Make them happy, encourage them, give them every chance for imitation, and you will never want better workers. They can also be taught to make their own clothes, even weave the cloth, make their own boots and all the furniture needed around the institution. The girls make excellent laundry workers, housemaids, and even take care of the poultry and work in the garden. The whole object is to give them work according to their mental age. They cannot think for them-

selves, but by imitation and constant repetition they do work that to an ordinary person would seem impossible for a feeble-minded person to do. In order to make them happy, they must have plenty of outdoor and indoor amusements, military training, and music. Many of these people become expert musicians under proper instruction.

The high-grade moron who has a mental age of about ten years may be allowed out if kept under careful supervision, but even he cannot judge and think for himself on all matters, and, therefore, must have someone to do it for him. All the other classes of feeble-minded should be cared for in institutions, and as their ties of affection with their parents are not very strong, the separation is not very severe on either party.

The question of the feeble-minded is daily becoming recognized as a serious menace to the stability of the State. Our insane and tuberculous population is well looked after, but when we know that the feeble-minded mother or father may bring children into this world who may become insane and tuberculous as well as mentally defective, we realize what a great danger there is to face. It has been estimated that one in every 500-700 persons in the United States is feeble-minded. If we take this as a basis for estimating the number in Canada and know that they are roaming at large, it shows that the time is not far distant when we will have to grapple with its solution.

HOSPITALS AND NURSES.

British Columbia.

Miss M. McKay (V.G.H.) has gone to Port Moody, B.C., to take charge of a hospital there, which has been opened by Dr. C. Cartwright.

The main building of the Royal Columbian Hospital, New Westminster, was in danger when a fire broke out in the laundry building, a short distance from it, on May 13th. The firemen prevented the blaze from spreading, however, and the most serious damage was a hole in the roof of the laundry.

Miss Lamont, a graduate of the Royal Victoria Hospital, Montreal, has been appointed by the Presbyterian Board of Social Service, Toronto, to work in Fernie.

Victoria Nurses' Club

Victoria Nurses' Club held their regular monthly meeting Monday afternoon, April 6th, Miss E. H. Jones, president, in the chair. Routine business was transacted. Refreshment, floor, and decoration commit-

tees were formed for our annual dance, which takes place Easter Monday, April 14th.

A letter was read from Miss Breeze, secretary-treasurer Graduate Nurses' Association of B. C., acknowledging our offer of twenty-five dollars towards the expenses of a delegate to the Canadian National Association Convention at Halifax. A sick benefit of $25 was voted to one member, who was ill last month. The meeting adjourned.

Miss Eveleigh (V.G.H.) has accepted the position of assistant superintendent of the Nanaimo General Hospital. Miss Eveleigh will begin her new duties about the 1st of June.

Miss Louise and Miss Agnes Wickham, who have charge of the Mission Hospital at Lytton, B.C., are planning to take a month's holiday in Saskatchewan. Miss Agnes Campbell, who has been doing private nursing in Vancouver, will take their place.

Miss Jessie Scott, who for some time has been superintendent of the Royal Columbian Hospital, is leaving the first of June to make an extended visit in Alberta. Miss Scadding, night matron of the same hospital, is also leaving at the end of this month, and will visit with friends in Oregon before leaving with Miss Gray for Toronto.

Alberta.

We are having a "Better Babies" contest in Calgary at the Industrial Exhibition this year on the lines adopted by the Women's Home Companion Bureau. There was such a contest at Vancouver last year, when about 1,000 babies were examined.

We think the contest will be beneficial to the health of our province, because it will start the heads of families thinking and working to give the babies a chance to be normal.

The Manitoba Association Of Graduate Nurses.

At the annual meeting of the M. A. G. N., the following were elected to serve on the board: President, Mrs. A. W. Moody; Recording Secretary, Mrs. Willard J. Hill; Corresponding Secretary, Miss C. A. Cotter; treasurer, Miss B. Andrews; members, Misses I. K. Bradshaw, E. Beveridge, F. Wilson, Annie Starr, C. M. Hood, A. S. Rathbone, A. I. Laidlaw, E. Butler. The secretary reported three board meetings and nine regular monthly meetings of the association, of which three were social. The treasurer's report showed that expenses were much heavier than usual, but also a credit balance in the bank, for which we are truly thankful. A very hearty vote of thanks was tendered the retiring officers. After a short address by the president-elect, the

meeting adjourned. A board meeting followed immediately afterwards.

Miss A. S. Rathbone has resigned her position at Ninette Sanatorium after a period of two years. On May 2nd she sailed from New York for England. After a short holiday there she expects to visit Switzerland to see what is being done there in the tuberculosis campaign. Before going to Ninette, Miss Rathbone had charge of the anti-tuberculosis nursing in Winnipeg. She expects to visit many places of interest before returning. Her successor has not been appointed.

The city health department has taken over the two nurses formerly engaged by the Anti-Tuberculosis Society. In future Miss Champion and Miss Wilkie will work directly under the medical health officer, Dr. A. J. Douglas, and have their office in the department of infectious diseases. They will have the authority of sanitary inspectors. Two more nurses have been added to the staff, and there are at present four Child Welfare nurses under the city health department. They have their office at the milk depot headquarters on Martha street.

Miss Attrill, W.G.H., '09, has resigned her position as charge nurse of the isolated wards, W.G.H., and accepted a position as Welfare nurse, city health department. Miss Wilkins, W.G.H., '07, has accepted the position vacated by Miss Attrill.

Miss Alisett was the other nurse recently appointed by the health department.

Mrs. Cochrane has recently completed a six months' post-graduate course in the Children's Hospital, Winnipeg, and returned to Regina to do private nursing.

Miss E. Birtles, superintendent of nurses, Brandon General Hospital, was a visitor in Winnipeg in March.

The first examination to be conducted by the University of Manitoba according to the bill respecting registered nurses will be held in Winnipeg, September, 1914.

Ontario.

The third annual meeting of St. Joseph's Hospital Alumnae, London, was held in the lecture hall of the Nurses' Home on the evening of May 14th.

Election of officers as follows: President, F. Rankin; First Vice-President, Mrs. Cheyne; Second Vice-President, Miss V. Fotheringham; Treasurer, Mrs. Forristal; Corresponding Secretary, Miss H. Woolson; Recording Secretary, Miss G. McGinnis; Executive Committee, Mrs. J. Nolan, Mrs. W. Tighe, Mrs. Dr. Glynn, Miss J. King, Miss G. Brown, Miss E. McMahon. Owing to the absence of the president, Miss Rankin, first vice-president, Mrs. Tighe, presided. Refreshments

were served in the nurses' dining hall, and the meeting closed.

The graduating exercises of the class of 1914 of the training school of St. Joseph's Hospital, London, was held in St. Peter's Hall on the evening of May 15th.

The spacious hall, decorated in the school colors, yellow and white, was crowded to the doors with friends of the twelve young ladies, who had their diplomas conferred upon them.

Miss G. McGinnis, in a well-worded and very ably rendered valedictory, extended a hearty welcome to the audience, and gave a brief outline of the standpoint of mien she and her associate nurses had of the nursing profession, concluding by thanking all for the kind interest they had taken in them, especially the lecturing staff of medical men, who had contributed so much to their theoretical knowledge.

Dr. E. Hodgins occupied the chair, and in a brief address replied to the valedictory, exhorting the graduates to live up to the standard they had been taught by their Alma Mater.

Monseigneur Aylward, in the absence of his Lordship Bishop Fallon, presented the diplomas, and Mayor Graham, the medals, after which they, with Colonel Gartshore, of the board of Victoria Hospital, briefly addressed the audience.

Miss K. McLaughlin rendered a beautiful solo, and the programme was closed with the National Anthem, and all repaired to the tea rooms, which were tastefully decorated in yellow and white, for refreshments.

The remainder of the evening was spent in an informal dance.

The graduates are: B. Hartleib, G. McGinnis, M. McDonald, B. MacKinnon, E. Moyer, E. Taggie, I. Menhenick, V. Simpson, E. McMahon, M. Cleary, A. Spafford, M. Boles.

The graduating exercises of the 1914 class of the G. and H. Hospital, Owen Sound, took place on the evening of May 13th, when diplomas were conferred upon six nurses—Misses Tipper, Hewitson, Brown, Sword, McInnis, and Hambly.

Mr. Fred Harrison, president of the hospital board, presided. Addresses were given by Mr. William Breese, warden of the county; Dr. Middlebro, Dr. Rutherford, Dr. Hershey, Mayor McQuaker. The retiring superintendent, Miss M. M. Redmond, gave an interesting report of the year's work, which was most satisfactory.

The diplomas and pins were presented by Mrs. Merritt and Mrs. Hay after the nurses had taken the Hippocratic oath. These ladies also presented the gifts of Dr. G. S. Burt. Beautiful bouquets of Richmond roses, carnations, and sweet peas were presented to the graduates by Misses Gladys Middlebro, Dora Hershey, and Emma Danard. Musical numbers were rendered by Miss Robertson, Miss Fleming, Mr.

R. Legate, Mr. W. Thomson, and Miss Thomson.

A pleasing feature was the presentation to Miss Redmond by Dr. Middlebro, on behalf of the board and doctors, of a handsome club bag with ivory fititngs.

Refreshments and music closed a very interesting evening.

On May 12th a very interesting event took place in Owen Sound Hospital, when the pupil nurses presented a handsome electric reading lamp to Miss Redmond as a token of their loyalty and esteem. The best wishes of the nurses go with Miss Redmond.

Miss Edge, graduate of Grace Hospital, Toronto, sailed for England in May, and will remain there for two or three months, visiting friends.

Miss Clara Cunningham left Toronto on May 5th for Saskatoon, where she expects to remain for several months.

Grace Hospital graduating exercises were held on the evening of June 4th in the Metropolitan Assembly Hall, College street. Sir John Willison delivered a very appropriate address to the graduating class. Lady Willison presented the diplomas and pins.

Dr. R. Griffith presented the Van der Smissen medal to Miss Oatman. The staff doctors showed their appreciation of the three years' work done by the class by presenting each with a case of instruments. Mrs. R. Wood made these presentations. Other prizes were awarded the first and second-year pupils. A reception and dance followed the exercises.

The graduating exercises of the 1914 class of the County of Carleton General Protestant Hospital Training School for Nurses were held on the afternoon of June 3rd, in the Lady Stanley Institute. Lieut.-Col. J. W. Woods, president of the board of directors, occupied the chair. Rev. A. W. MacKay gave the invocation. Mrs. W. C. Perkins, president of the Ladies' Auxiliary, presented the diplomas after the class had taken the Florence Nightingale Pledge. Dr. R. E. Webster addressed the class.

Mr. D. Hossock presented the special prize, a nurse's kit, to Miss Jean Lough, for taking highest marks.

The programme was brought to a close with a most helpful and inspiring address by Rev. J. Thackeray, who showed that the development of medical science is a great factor in connection with Christianity, and dwelt upon the influence of the Christian nurse.

All of the speakers referred most appreciatively to the good work being done by Miss Catton, the superintendent. To her excellent methods and to the assistance given her by her assistant, Miss Hamilton, and her capable staff, the high standard attained in this training

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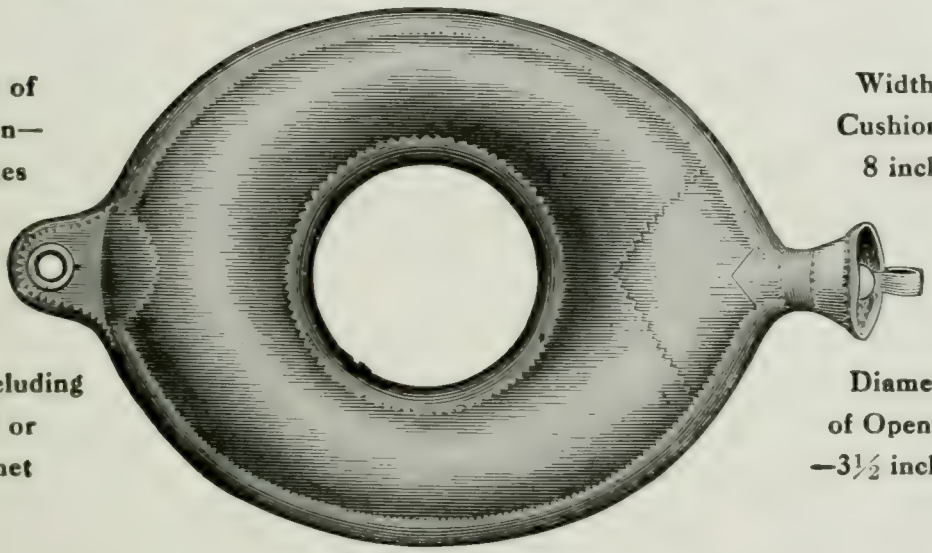

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It is particularly suitable for use under the end of the spine, the shoulder blades, the hip joints, or in fact any part of the body which is apt to become sore and tender from continued lying in one position. It is also useful as a head support, the back of the head resting in the opening.

This Cushion, if filled with warm water, also makes an excellent face and ear bag, for relieving facial neuralgia, earache and toothache; and some forms of headaches requiring the application of heat.

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school is due. After the graduating exercises all adjourned to the lawn, where a large marquee had been erected, and there tea was served. Mrs. Dennis Murphy and Mrs. John McKinley presided at the table, which had for decoration a huge bowl of sweet peas.

During the afternoon Mrs. Perkins and Miss Catton were presented with exquisite bouquets of American Beauty roses, the former being the gift of the board of directors, and the latter of the graduating class.

The graduates are: Mabel Stewart, Eliza Finlayson, Laura M. MacDermid, Jean M. Lough, Jean M. McCallum, Catherine H. Pridmore, Frances E. Ellwood, Mabel M. Hunter, Eva M. Macdonald, Helyn Skinner, Elsie B. Dixon, Sadie Dickey, Esther M. McCreary, Dorothy V. Miles, Adeline Noffke, Norma E. Dawson.

The exercises were followed by a dance in the evening, which was held in the spacious lecture hall of the Lady Stanley Institute. The Guards' band supplied the music. The evening was pleasantly cool, which contributed to the comfort of dancing, and all present thoroughly entered into the spirit of the occasion, and unanimously voted the 1914 graduation "the best ever."

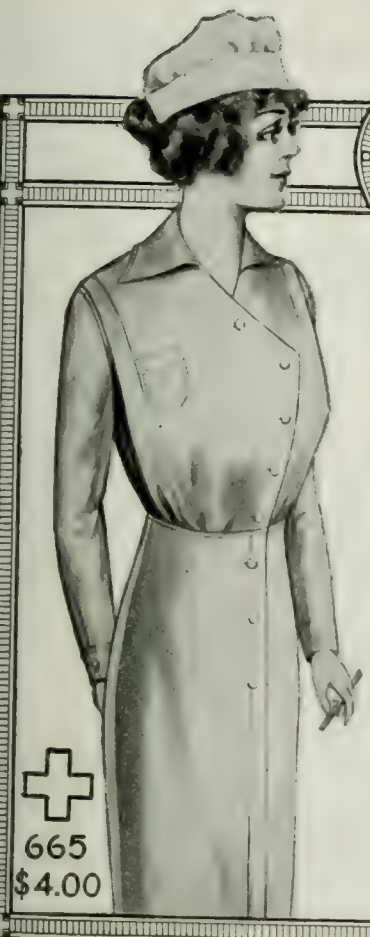
On May 8th graduating exercises took place at St. Michael's Hospital, Toronto. The hall was tastefully decorated. Nineteen nurses received their medals and diplomas. On the platform, in the absence of our beloved Archbishop, who is abroad, was Vicar-General Monseigneur McCann; members of the staff including Drs. McKeown, Drayer, Bruce, Bingham, Anderson and Bruce Smith, Inspector of Hospitals. Also among the clergy were Rev. Fathers Burke, Roche, Whalen and Minehan.

Excellent advice was given to the young nurses, who are about to leave their Alma Mater, as to the dignity and sacredness of their profession. Then dainty refreshments were served. A number of the outside graduates were present.

In the evening Dr. Walter McKeown entertained the graduating class at his home, in his own generous manner. Dancing was indulged in, bringing a memorable day in their lives to a happy close. Following are the names of the new nurses:

Katherine Keaney, Margaret O'Connor, Eva Grogan, Clara Currie, Elizabeth Hench, Caroline McBride, Margaret Wetherall, Mable I. Dyce, Catherine McDonald, Dorothy A. Sharples, Helen Sibbald, Ida McQuillan, Eva Dunn, Bertha Cunningham, Gertrude Mulvaney, Margaret McEvoy, Frances C. Slominska and Agnes Chalmers.

Miss Rose Casserly, graduate of St. Michael's Hospital, Toronto, is taking a course in anaesthetics at Mayo Bros., Rochester.



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National Drug & Chemical Co. of Canada, Limited

Miss Delia Provencher, St. Michael's Hospital, is again in Toronto.

On May 20th an evening of "Song and Story" was given in Recital Hall, Canadian Academy of Music, by Mr. Stanley Adams, ably assisted by Miss L. Auger and Miss W. Lanceley. Proceeds were for "Heather Chapter."

In May last a very successful "Bridge" was held, and $48 realized, which will be given to the "Heather Chapter." The hostesses were Mrs. Lalonde, Mrs. Corrigan, Mrs. Warren and Mrs. McGuire.

The Alumnae of St. Michael's Hospital held their May meeting (last of the season) at the home of Miss Stubberfield, 1 St. Thomas street. Miss Dyke very kindly complied with our request and came to tell us about her work. Her address was most interesting and thoroughly enjoyed. Following refreshments, Miss A. Dolan favored us with several pretty songs.

The people of Comax and surrounding towns on the Island of Vancouver gave a public reception to Reverend Mother Irene, Superior-General of the Sisters of St. Joseph, Toronto, on the 14th inst., which was as impromptu as it was hearty and effusive. The Sisters from this House have charge of St. Joseph's Hospital at Comax. The doctors connected with the institution, the mayor of the town, the Catholic priest and Protestant clergymen, the citizens, without regard to religious division, and the ladies gathered in Lakeview Park, where an arch and pavilion were erected and a rousing reception given to the visiting Superior and her companion. The good lady was very averse to the honor, but could not escape it. The mother of a prominent doctor presented the people to the visitors. There were expressions of amity on both sides. The people said they were proud of their hospital and would do all they could for it; the Sisters promised the best service they could render. Altogether it was a most pleasant occasion. After the reception, tea and refreshments were served, and music lent its charm to the delightful scene.—B.C. Visitor.

The Graduate Nurses' Association of Thunder Bay District met in McKellar Nurses' Home, Port Arthur, Ont., on June 4th. An interesting paper on "Massage" was given by Miss Turner. Afternoon tea was served and a social half hour enjoyed. The next meeting is in September.

Miss Mackenzie, Superintendent of the Victorian Order, made a short visit in Port Arthur on her return trip from Saskatoon to Ottawa.

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THE INTERNATIONAL COUNCIL OF NURSES

Wednesday, May 19th:

Leave New York 10:00 a.m., en route through the states of New Jersey and Philadelphia.

Arrive Philadelphia 12:00 noon.—Lunch provided.

Leave Philadelphia 12:05 noon.

Arrive Baltimore 2:05 p.m.—Opportunity to visit the Johns Hopkins Hospital.

Leave Baltimore 5:45 p.m.

Arrive Washington 6:30 p.m.—Accommodation provided at Hotel Congress Hall on American plan, beginning with dinner.

Thursday, May 20th:

At Washington.—Trip provided by steamer down the Potomac River to Mt. Vernon, the home and burial place of Washington. Also sightseeing tour, visiting the White House, Pan American Building, the Capitol, Congressional Library, the Treasury, Bureau of Printing and Engraving, the National Museum, old and new. Eight of the most interesting buildings in Washington.

Friday, May 21st:

Leave Washington 10:00 a.m.—Pullman tourist cars provided from Washington to San Francisco. Lunch and dinner provided en route. Soon after leaving Washington the train plunges into the Alleghany Mountains, through a country full of history; many of the battles of the Civil War being fought here. The scenery is equal to any in the United States. Passing through the states of West Virginia, Maryland, Pennsylvania, and Ohio, stopping at Pittsburg from 6:35 to 6:50 p.m.

Saturday, May 22nd:

Arrive Chicago 8:15 a.m.—Meals provided at the Great Northern Hotel. Sightseeing trip provided, visiting the public parks, residential, and business centers.

Leave Chicago 10:00 p.m., via Atchison, Topeka & Santa Fe R. R.

Sunday, May 23rd.

En route through Illinois. All meals provided, Chicago to Grand Canyon.

Arrive Kansas City 11:00 a.m.

Leave Kansas City 11:30 a.m.

Monday, May 24th:

En route through the great grain fields of Kansas, stopping at Albuquerque, New Mexico, about 7:00 p.m., to inspect the collection of Indian and Mexican relics displayed at the Hotel Alvarado.

Tuesday, May 25th:

Arrive Grand Canyon 10:40 a.m.—Meals provided at the Bright Angel Camp. The Grand Canyon is a gorge, 217 miles long, 13 miles wide and one mile deep, through which flows a great river with many storm-born tributaries. Fifteen yards from the Bright Angel Camp is an exact reproduction of the curious stone abode dwellings of the Hopi Indians, together with several Navaho hogans. In the Hopi House live a small band of Hopis, without exception the most primitive Indians in our country. Their ceremonies are hundreds of years old, the most famous being that of the snake dance, which they perform most every night.

Wednesday, May 26th:

Leave Grand Canyon 8:55 a.m.

Thursday, May 27th:

Arrive Los Angeles 7:30 a.m., visiting San Gabriel Mission, Ostrich Farm, including admission to both; orange groves, Pasadena, and the foot hills and valleys in the surrounding country.

Leave Los Angeles 5:15 p.m.

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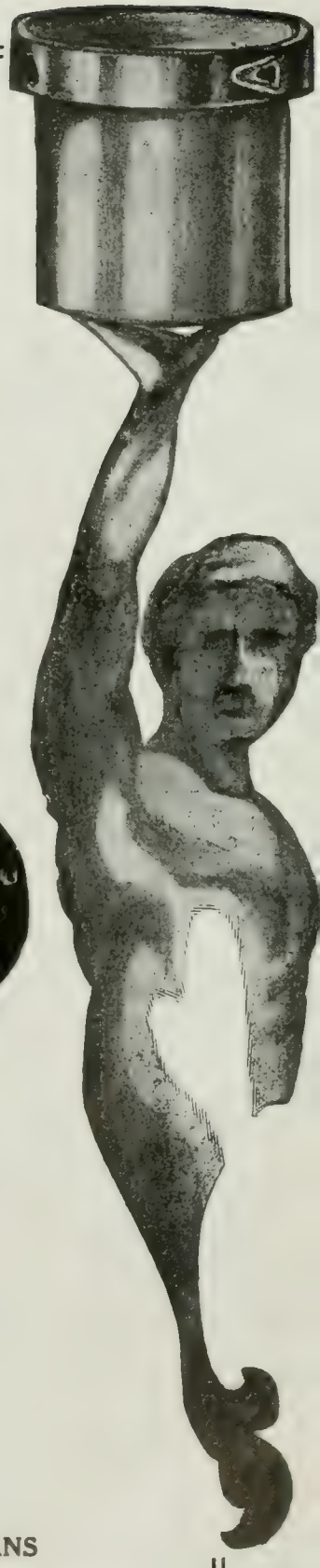

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Friday, May 28th:

Arrive El Portel 11:00 a.m.—This is the southern and main entrance to Yosemite Valley. Stages will convey the party through the Valley. Meals and lodging provided at hotels at El Portel, Yosemite, and Wawona. The grove of Big Trees will be visited, near Wawona. These Big Trees rank among the wonders of the world. They are from 250 to 300 feet high and 50 feet in circumference, and are said to be older than the Pyramids.

Saturday, May 29th:

Leave El Portel 9:00 p.m.

Sunday, May 30th:

Arrive San Francisco 8:20 a.m.—Accommodations provided at the Inside Inn, European plan, located on the Exposition Grounds.

Sunday, May 30th, to Wednesday, June 9th:

In San Francisco.

Wednesday, June 9th:

Leave San Francisco 9:30 p.m.—Pullman tourist sleeping cars provided to Niagara Falls.

Thursday, June 10th:

Breakfast, lunch and dinner provided. En route through Nevada.

Friday, June 11th:

Arrive Salt Lake City 7:00 a.m.—Breakfast and lunch provided at the Hotel Semloh. Side trips provided to Saltair beach, Utah's Coney Island. It is located on the Great Salt Lake, the waters of which are one-third salt. Visit will be made to the Tabernacle at 12:00 noon, to view the same and attend the organ recital given daily. Leave Salt Lake City 5:00 p.m. Dinner provided en route, via the famous Denver & Rio Grande R. R., the scenery over which is equal to any in the world.

Saturday, June 12th:

Breakfast and lunch en route, over the Continental Divide, through the Royal Gorge, Tennessee Pass, Canyons of the Grande and Eagle Rivers. Arrive Colorado Springs 5:00 p.m. Accommodations provided at the Hotel Alamo, beginning with dinner.

Sunday, June 13th:

Trip to Manitou and Garden of the Gods provided.

Leave Colorado Springs 11:00 a.m.

Arrive Denver 1:30 p.m.—Lunch and dinner provided. Sightseeing tour included, visiting the United States Mint, Auditorium, New Post Office Building, shopping and skyscraper districts, and an uninterrupted view of two hundred miles of Mountain Range from Observation Point in Cheesman Park, the highest point in Denver.

Leave Denver 10:30 p.m.

Monday, June 14th:

Breakfast, lunch and dinner provided, en route through Nebraska, making a short stop at Omaha.

Tuesday, June 15th:

Arrive Chicago 8:00 a.m.—Breakfast and lunch provided.

Leave Chicago 3:30 p.m.—Dinner provided en route.

Wednesday, June 16th:

Breakfast provided en route, through Canada. Arrive Niagara Falls 8:00 a.m. Meals provided at the Hotel Imperial. The world famed 22 mile Gorge Trip will be provided, crossing Upper Steel Arch Bridge to Horseshoe Falls; thence along the Canadian embankment to Brock Monument, across Suspension Bridge to Lewiston, returning up through the famous Gorge, in full view of the Whirlpool and Rapids. Stopovers are allowed and should be made, especially at the rapids. Leave Niagara Falls 7:00 p.m. Pullman standard sleeping car provided to New York.

Thursday, June 17:

Arrive New York 8:00 a.m.

Cost of this trip will be $250.00 for everything except meals in San Francisco. If we stay until Wednesday there it will also be increased by cost of board for those extra days. Arrangements will be made for Canadian nurses wishing to take trip from Toronto or other points.

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Regular Meeting, second Wednesday of each month, 3 p.m.

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Regular Meeting: First Friday, 3 p.m.

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Regular Meeting—First Thursday, 8 p.m.

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The hard hum-drum city life, especially of those whose days are spent indoors, in offices, bending over desks, ledgers, and school books, is almost certain, sooner or later, to leave its traces upon the man, woman or child thus unfortunately situated. General sluggishness of metabolism, due to indoor confinement in a vitiated atmosphere, and lack of exercise, is followed by failing appetite and later by degenerative blood changes of anemic nature. While Pepto-Mangan (Gude) cannot, of course, remedy the cause of anemia and general devitalization, it most always assists materially in overcoming the anemic blood state, increases appetite and acts as a real tonic and general reconstructive. As Pepto-Mangan (Gude) is free from irritant effect upon digestion, it is readily borne and quickly absorbed and assimilated and as it is a non-astringent it does not cause or increase constipation.

SCHOOL NEWS.

The Summer Session at the School of Medical Gymnastics and Massage has a larger number of students than the preceding years. Mrs. Vagard and Inga Lohne are especially well adapted to conduct the theoretical teaching as well as the hospital clinics. Special lectures are delivered by the physicians of the faculty. Several of the students are accommodated at the school. The students find time to enjoy excursions on the Hudson River and other places. For all information apply to registrar at School of Medical Gymnastics and Massage, 61 East 59th Street, New York, N.Y.

INTERESTING MEDICAL BOOKLET.

We have just received a little booklet published by the Sanol Manufacturing Co. of Canada Limited, in which they give an interesting history of the treatment of diseases of the kidneys. A good amount of space is devoted to the opinions of physicians and druggists, as well as articles of medical journals dealing with the merits of the Sanol preparations. This firm, which only spent two years in operation in Canada, seems to have succeeded in winning the endorsement of physicians for their remedies.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. X. TORONTO, AUGUST, 1914. No. 8

SCHOOL NURSING IN THE SUBURBS OF NEW YORK.

In the performance of duties as school nurse, a new and changing panorama is continually unfolding itself—luxury and depravity, joy and sorrow, are united and intermingled.

The group of five schools, in which my time and interest is daily absorbed, is unique by reason of its history, variety in size, class of buildings, and pupils.

The following is an extract of the history of Erasmus Hall High School, published in the "Erasmian," in October, 1912, the one hundred and twenty-fifth anniversary:

Erasmus Hall was founded by a corporation formed among the members of the Reformed Dutch Church of Flatbush, and named after the Dutch scholar Erasmus. The school was chartered by the Regents on November 17, 1787, and was the first secondary school to receive a charter. The charter created a self-perpetuating board of trustees, under the management of which the school continued until 1896, when the property was conveyed as a gift to the Borough of Brooklyn. It thus became a High School of the New York City system.

The original building was a large one for the times, being 100 x 36 ft., containing four large halls and twelve rooms.

When the trustees of the old academy transferred the property to the city, it was with the understanding that, in time, there should be built on the site, and equipped, one of the finest High School buildings in the State. In fulfilment of this obligation, the corner-stone of the new building was laid on January 18, 1895. One-half of the building is finished and in use. No doubt the rest will be completed in a few years. It will then be the largest High School building in the world and will cost the city $3,000,000. In appearance it will remind one of a college building at Oxford or at Cambridge.

The school is equipped with everything that is likely to be of use for the best work in all lines. For scientific work, the laboratories are not excelled by those of any other secondary school in the country.

A year ago the principal, Dr. W. B. Gummion, realizing that medical inspection was a necessity, requested such inspection of the Department of Health. The request was granted, and the result showed

that 5 per cent. of the 3,000 pupils suffered from minor physical defects. These pupils have been seen daily, weekly, or monthly, according to necessity, until the defects were corrected or improved.

Miss K. Turner, vice-principal, has a personal interest in all the pupils, and occasionally I am requested to give a curtain lecture to some young girl on the baneful results of the use of powder, hair bleaches, and incorrect posture or dress.

Owing to the fact that the work is departmental, it has been difficult to see the defective cases at regular intervals. This trouble has been overcome, as I have now a supply of typewritten appointment slips, which I fill out and deposit in the mail boxes of the official class teachers the day previous to re-examination.

After leaving Erasmus Hall, where I spend from one-half to an hour each morning, I visit one of the oldest elementary schools in Flatbush, No. 90, which appears the same as it must have fifty years ago, when a past generation of teachers and pupils were busy within its walls. The teaching faculty of this school is very wideawake on the subject of contagion, and no case of chickenpox or mumps escapes their watchful eye, consequently the medical inspectors are kept busy when these diseases are in season.

Hygiene of all kinds, and especially mouth hygiene, is advocated, urged, and insisted upon. Here, again, Miss O'Donnell, the principal, and her staff of teachers have co-operated in bringing about results. The monthly report cards are marked in effort and hygiene, according to my report of the children's condition. This I find truly helpful, as the pride of the children compels the desired results.

My next school is a Catholic parochial school of nearly a thousand pupils (Holy Cross School). There are twenty classes taught, with a few exceptions, by sisters of the Order of St. Joseph. I find the pupils of this school more widely different, economically speaking, than those of my other elementary schools. I find, however, in visiting the homes that the little ones from the humble homes of the struggling laborers are as truly happy and contented as are those who travel to and from school in their automobiles. We school nurses are privileged to see life as it really is, listening to tales of joy and sorrow, offering what is better than gold, the advice which, if followed, is health, happiness, and life itself.

After leaving this trio of widely different "temples of learning," which are within two blocks of each other, I travel a mile on the trolley to my next charge, P. S. 135, a collapsible frame building, known by the children as the "chicken coop." This building was removed from "Browneville," a distance of two miles, to its present site. It is the dream of the settlers to see it replaced by a more modern structure. The children of this school vary in type and nationality,

Jewish predominating. Across the fields, fifteen minutes' walk from P. S. 135, is the smallest school in New York City, No. 121. It is a quaint little one-room building, which might be duplicated on a Western prairie as far as architecture is concerned. One teacher acts as principal and teacher, and there are twenty-four pupils of every grade and age of the elementary school in that little room. The elite of Flatbush formerly lived in the roomy, low-ceiled houses scattered here and there in the vicinity of the little school-house, but now, when these homesteads are in a state of decay, the foreigner from southern Europe has taken possession, and I find it difficult to persuade these dark-eyed mothers that their children need water to freshen and beautify them, as do the flowers in the fields around them.

The work of the school nurse is full of variety and interesting incidents. Left to one's self, a feeling of responsibility is developed, and in meeting the problems of others we are gaining knowledge and experience. The other organizations for improving the community are encountered from time to time, and the advantages of co-operation are more than evident.

Regular hours and remuneration are conducive to good health, and opportunity for outside activity is an advantage worthy of mention, as it only too often happens that lives of nurses are dwarfed in their growth where these advantages are wanting.—Aida E. Soderstrom, 1144 E. 37th street, Brooklyn, New York.

TRAINING NURSES IN THE UNIVERSITY.

The University of Minnesota is the pioneer of this significant movement for the better education of nursing women. In creating a school for nurses as a department of teaching, under direct university control, in charge of the faculty of the medical school and affiliated with the teaching hospital, which is similarly owned and controlled by the university, it has led the entire world, although it has been happily followed already by two neighboring State universities. The significance of this movement lies not alone in the high standard of training which the university has set, but in the fact that its action tends to remove from the exclusive control of the hospital, as such, the education of the nurse. Its significance can be measured only by those who have studied the problem of the education of nursing women from the point of view of the student's educational interest.

The essential features of the university curriculum for nurses may be of some interest. The diploma of a high school of the first grade and an actual examination to determine the physical fitness of the candidate, conducted by the physician of the school, are requirements

for admission. Preference is given to women of superior attainments. A preliminary course of four months is required, during which the pupil is not in hospital residence, for which course she pays a tuition fee, and which covers instruction from six to eight hours daily, conducted in the laboratories and lecture halls of the university, in the subjects of anatomy, physiology, bacteriology, chemistry, materia medica, English, penmanship and lettering, physical culture, hospital economics, and practical dietetics—a course with which the student is exclusively occupied during the four months, thus relieving the period of subsequent hospital service of many wearying hours of evening lectures. The superior fitness of the hospital entrant for her practical duties by virtue of her preliminary course of study, has proved itself clearly to those who are in immediate charge of the school. A two months' probation service in hospital, followed by two and one-half years of graded service and study in the wards, complete the course. An eight-hour hospital day and the employment of an adequate number of graduate nurses as long as may prove necessary for the proper conduct of the school, are added features of the university plan. On recommendation of the medical faculty, the university degree of Graduate in Nursing is conferred by the boards of regents.—*Journal of the American Medical Association.*

MISS BROWNE'S REPORT ON SCHOOL CLEANING.

1. The best fumigating agent is a solution of Wescol, 1-300 used in a fine spray on walls, furniture, and floor. The kind of sprayer installed in Connaught school is a good one and inexpensive.

2. For sweeping purposes, a push broom with an oil tank attached should be used, one about 12 in. wide for sweeping under the desks, and one about 30 in. wide for sweeping the aisles. Kerosine is used in the tanks. A very good broom of this type may be obtained from the Milwaukee Dustless Brush Co., Milwaukee, Wis. Class rooms and halls should be swept daily.

A duster soaked overnight in Chrysolite should be used for dusting the furniture in class rooms and the banisters in the halls. This should be done daily. Cheesecloth should be used for this purpose, and renewed twice a week.

A special brush soaked in Chrysolite should be used for dusting between the railings of the stair. A good one is at present in use in Wetmore school. This should be done daily.

A special brush soaked in Chrysolite should be used for dusting between the divisions of the radiators, daily.

Class rooms should be scrubbed with hot soapsuds once a week;

kindergarten rooms twice a week. The halls and stairways should be mopped with hot soapsuds twice weekly.

3. The hose should be turned on the basement floors once a day. Where basement floors will not admit of this, they should be fixed so that drainage may be secured into the trap.

4. Where walls of basement are whitewashed, these walls should be freshly whitewashed three times a year.

In the schools where there is a tile wainscoting, this should be washed with hot soapsuds once a month.

All other walls should be freshly kalsomined once a year.

5. Seats of lavatories should be washed with hot soapsuds and then wiped off with a cloth wrung out of Wescol Sol., 1-300, once a day. The inside of the closets should be thoroughly cleansed with a coarse brush, designed for that purpose, once a day.

Urinals should be scrubbed with Sapolio or Dutch Cleanser once a day.

Lavatory doors and partitions should be cleaned with a cloth wrung out of Wescol, 1-300, once a week.

6. All drinking fountains should be scrubbed with Sapolio or Dutch Cleanser once a day.

7. All wash basins should be scrubbed with Sapolio or Dutch Cleanser once before 9 a.m. and once at noon.

8. There should always be liquid soap in the soap containers.

9. There should always be a supply of clean towels in the towel-holders in the basement. These towel-holders should be painted white and should be made so that the tray on top will not lift out. These trays should be washed with hot soapsuds once a day.

10. Where shower baths are installed, there should be an individual bath towel for each child receiving a bath.

11. Where sanitary drinking fountains have not been installed, individual drinking cups should be supplied. The kind made of waxed paper answers the purpose, and is inexpensive.

12. In class rooms where Plasticine is used, each child should have his own portion.

13. Where the vacuum cleaner has been installed, it should be used daily for halls and stairways instead of the ordinary sweeping method.

These recommendations have all been adopted by the School Board and will be acted upon at once.

"Incidents in the life of a District Nurse in the City."

Her Duties: Always willing to obey a call of distress. Bright, cheerful and patient in the homes of the poor.

Her Privileges :

1. The gratitude and love of the poor;

2. The opportunities of inspiring the mothers to keep their children, home and person clean and happy; meeting husband with bright

smiling face: clean home and children: a hot dinner waiting for him when he returns from his day's work and so keep the man from the curse of the drinking saloon;

3. Best of all, the great privilege of leading them to Christ, Who alone can keep their hearts and minds clean and pure: enabling the mother to have a gentle patient manner with her children, and the husband to have a brave, manly, God-fearing heart, filled with love for his home.

As an illustration—I will give you one of the many interesting cases which have been in my care :

A call to an obstetrical case, brought me to a filthy lane strewn with garbage, etc. I came to the house, if it could be called such, broken window panes met my eyes and when the door was opened to my knock by a dirty, untidy woman, I had to step over filthy pails, etc., to enter the place. The patient meets me with foul language. I hear her swearing at her children, the first thought is, "Surely I can never attend to any one here in this awful place." However, baby arrives a little later and I make the best of things and attend the patient for ten days. In the course of conversation I find she never attends any place of worship. She has no use for the Bible, but I read her a verse or two every day and talk to her about Jesus. Before my visits cease she surrenders her heart to Him. Six months later my patient tells me she has moved to a better place and asks me to come and see her. I promise to come when I am visiting in that district, and one day I dropped in unexpectedly about 6 p.m. and oh, what a difference in the atmosphere. Husband and wife and children sitting down, clean and tidy, to have supper at a table with a nice white cloth on, and the eldest girl of six years saying grace just before the meal, with all heads bowed reverently. The mother takes her now-beloved Bible, reads to the little ones and teaches them to pray. What a wonderful change Christ can make in the hearts and homes: the husband, too, is living a Christian life now, and is a good citizen.

Another Call of Distress:

Away out in the bush, two miles from the car lines, and the directions given to get there were that the house was on a certain corner. But on arrival there the only place to be seen looked like a shed. On walking around this said shed I found a door, thinking surely no one lives here! However, on knocking and hearing footsteps, thought "it must be some lone old bachelor, and I would ask to be directed," but no! a woman came to the door, and said, "Yes, that was where the sick man was," and found that he was the husband of this woman who looked as if it would not be long before an interesting event took place with her.

This shack consisted of a kitchen and one bedroom where the hus-

band was very ill with pleuro-pneumonia. Two beds in the room, the man in one and four children in the other. The doctor thought the man would die as his heart was very weak. After attending him a week I arrived there one day as usual to attend my patient and found him in a state of terror; his temperature at an alarming degree, and his pulse 130; his wife ill, a little stranger was expected; the husband was very ill at the thought of the little one arriving in the same room where he was so ill and helpless. However, on giving him a heart stimulant and soothing him with a promise that there would be no fuss or noise, I ran about half a mile to a neighbor's house, another shack, and borrowed a clothes-horse, hung some clothes on it, and put it around the husband's bed as a screen. Then I ran to the well away from the house (shack) drew up pails of water and brought them to the shack, to get some boiling water ready (of course there was no convenience in the place). Then I got hold of some neighbor man and sent him back to the city for clothes, bedding, etc., etc. I was there all night. Kept the woman out in the kitchen, until the last moment, knowing that if the husband heard any cry it would prove fatal in his weak condition. Every hour through that afternoon and long night I had to stimulate his heart; sent for four different doctors and could not get one, and just as the little stranger entered this world at 7 a.m., the doctor arrived on the scene; but the awful strain was over then, the husband resting quietly, mother and baby safe. I had sent some of the children to a neighbor's for the night, and made up a bed for the two youngest in the kitchen.

The time passed—shall we say—"interestingly," in seeing that the man did not die, and the woman did not cry; keeping the little ones asleep until all was over. When the doctor arrived he just stood and looked round in surprise, and said, "My! this looks like a hospital ward! However did you manage, nurse, to have things so well arranged?" but in a case like this, we nurses have got to use our brains and common sense. I attended that case right through. The man quite recovered and the woman and baby were in good health again after a couple of weeks.

During this illness, the husband and wife were both lead to Christ, the great Burden-bearer of all, and they are just trusting Him fully now, knowing He shall supply all their needs according to His riches in glory.

In our work (The Bible Women's Home, of the Toronto Mission Union), we have gospel services in the hall where we invite these people to come, and so they find a church home, and it has proved a great blessing to the many who have to face temptations through the week There is no work in our profession so satisfying as that of the District Nurse.

GRADUATE NURSE

I had long felt a hesitancy in using the term "trained nurse" without knowing why I should object to its use. However, I became more definite about it when, a short time ago, I found this sentence in the work of an educationist: "We cultivate plants, train animals, and educate persons." Clearly, the supreme idea conveyed by the word "cultivates" is that of value derived outside the object. The essential idea in "train" is that of habits, the object being an automatic, though conscious, mechanism; while to "educate" implies the *developing* of the object, or at least the developing of certain characteristics of it. To "educate" nurses is surely the big word we want, though it is desirable that for convenience we have nurses trained in certain habits, yet the word "trained" does not express nearly all we would mean. Qualities possessed by these young women who wish to become nurses must be developed, and there is no suggestion of development in the word train. In other words, these women must be educated, and when the course of education is completed, we truly express our meaning by the term "graduate," rather than "trained" nurse. And, too, when we speak of this particular educational institution, I cannot see the necessity of adding the superfluous "training" to the fully adequate "school for nurses."

Doubtless I have said enough on this subject, and may trust that our beloved profession will steadily shed its frailties until it blossoms one day in its own perfection, the beauty of which must receive the homage of mankind. The intellectual attributes are in themselves praiseworthy, but it is not in these we place our trust. The profession has for its soul the woman-heart. So, nurses, I pray you, though the heavens fall, keep your hearts true, that the growth of the profession may not be retarded in these its tender years by one unprofitable member, and lest, my dear sisters, it turn in vengeance upon you and by its first destructive stroke spoil the delicacy of the soft-toned sweetness in your hearts, reflecting the loss daily in your lives.

A. K. Winnipeg.

GLEANINGS

"Tuberculosis is not hereditary, but exclusively contagious." Lesson—Heredity furnishes the barren soil, bad hygiene fructifies it, carelessness sows the seed.

"Fully 600,000 children in the public schools have tuberculosis." Lesson—Fresh air, good food and proper hygiene must be given them at all hazards.

"Heredity has nothing to do with the character of the child; the environment is the determining factor in character building." Lesson—Another Daniel come to Judgment. Move an Arabian thoroughbred colt into a brewery stable and see what kind of a draft horse he will make. Put a Percheron colt into a racing stable and bet your money on him if you believe this otherwise brilliant doctor. Inherited blood will tell, so will inherited character. Environment does influence children's physical condition, greatly, but their character, moderately.

"Soap is the greatest civilizer of man." Lesson—Encourage public baths.

"The conservation of human life constitutes the grandest achievement of the twentieth century."

The lesson I would inculcate from this great truth and which was the dominant note and epitome of all its deliberations is that the American people have not yet recognized its momentous import. As Mr. Rittenhouse has so well said before the National Conservation Congress in Indianapolis, "The war against preventable disease and death is in a struggle between the dollar and the death rate. So far the dollar is ahead. The body politic still prefers a high death rate to a slight and temporary increase of the tax rate." Endeavoring to emphasize this truth, it has been my privilege to call attention to a nerve which is not found in books on Anatomy, but which appears to be too often the mainspring of human action. I have named it the pocket nerve; it leads like all other nerves to the brain; when attacked it arouses the brain to what we doctors call reflex action and sends out an alarm to mobilize all the forces in its defence. The popular saying, "Money talks," explains my meaning. For example, the Temperance agitators have for years appealed to the moral side of intemperance chiefly, treating the financial effect of alcoholism as secondary. Their propaganda has not been crowned with the success it deserves. That great railroad genius, the late Mr. E. H. Harriman, inaugurated a campaign against alcohol on the Pacific lines; he established club houses which drove the formerly flourishing barrooms out of business. His idea was taken up last year by Mr. Sheppard on the Pennsylvania lines when several terrible accidents on other lines had been traced to drunken engineers. These

men did more for temperance than all the prohibition preachers, because their "pocket nerve" demanded action against the enemy that "enters the mouth and steals away the brain."

"To-night I shall ask you to consider with me one form of public baths, the school bath, the most valuable, in my estimation, but the most neglected. A brief statement of the reasons for regarding the school bath as of paramount importance may serve to enlist the interest of the school authorities and urge them to devote more support to them as factors in the education of children under their care. Let us consider an outline of the action of the bath on the human body, and apply the data thus obtained to the effects of the bath on the young.

The skin is one of the most important organs of the body, because it is the seat of touch. The loss of hearing, sight, taste or smell is consistent with the continuation of life. When the sense of touch, however, is lost by large burns of the skin, for instance, the scout or vidette of the body, which notifies the brain of impending danger, is gone. The organs of the body may be compared to an army fighting harmoniously and constantly against disease and death under command of the brain. When the general loses the services of his outposts, an enemy may approach and find him unprepared. The skin is supplied with millions of minute nerve points; the finest pin cannot prick you without pain, which means without conveying the injury to the brain, which, as you know, feels. Nor may the finest pin point penetrate the skin without the loss of blood, the appearance of which means that a direct channel to the heart has been opened, as is proved when a larger puncture produces a pulsating stream. There are also millions of muscular fibres in the skin. Every single hair is supplied with a hair-raising muscle. They are in operation during the goose skin sensation under the action of cold.

That these nerves, vessels and muscles act in unison is proved by numerous facts. When the ghost in Hamlet muttered "I could a tale unfold that would make each particular hair stand on end like the quills upon a fretful porcupine," he described how the brain receives an emotional stimulus that sends a message to the little muscles of the skin to contract and raise hair. I sometimes wonder if the medical knowledge displayed by Shakespeare may not confirm Donnelly's theory of Dr. Francis Bacon's authorship.

When a lovely blush mantles the maiden's cheek or when the craven's face pales with fear, have we not irrefutable evidence of the powerful mental influences exerted upon the skin through the brain? These are evanescent but obvious effects. Physical influences are more potent still because more enduring.

When the skin is brought into contact with water differing in temperature from its own, which is about 92F., the little nerves and

blood vessels leading to the brain announce the invasion to the latter. The greater the difference of temperature the more intense is the alarm, or what is called the shock or unpleasant surprise, when the brain is aroused, for instance, after its nocturnal apathy by bathing the face. You go forth to your daily task more alert and refreshed. A more intense effect is produced by bathing the whole body. Any one who indulges in the morning plunge will testify to the physical and mental invigoration. Now it is not generally known that the friction following the bath stimulates the little muscles of the skin and that this mechanical excitation, as the physiologists call it, is of enormous advantage in stimulating the flow of blood to and from the heart, and that in this way good blood is sent to the brain, resulting in a wonderful nutritive action that is enduring. In other words, a good bath with friction is a training of the little muscles and blood vessels and nerves of the skin just as exercise trains the muscles of locomotion. This idea has not yet filtered through the minds of teachers and writers, but being based on physiology, the law of nature, it is immutable as any other law of nature."

Instead of offering my personal views, I have here selected one of several reports on the educational value of the school baths, which are in confirmation of my personal observation in numerous visits since I first appeared to make a plea for them in 1890 before the County Medical Society of New York. Mrs. Wentworth reported to the Commissioner of Public Buildings in 1911 : "It was very refreshing to meet those who were able to awake to the vital interest and importance of the bath and who understood its value as a means of character building among children. The principal took great pride in it. By coaxing and example she had taught these immigrant children to overcome their timidity. Once tried the only trouble she had was to get them out of the bath. Their condition was pitiful, underclothing unutterably soiled and tattered, their little bodies soiled. But ere long there was marked improvement in the underwear as well as in general health. Those whom I saw coming from the bath were as happy as little larks. Indeed, it was a happy time all around. Principal, attendant and children all enjoying the good work."

Among several letters from principals of schools, the following epitomizes the educational value of the school bath: "Our baths have become a valuable means of character building and social improvement among the pupils, and in many cases the good influence has reached into the homes. Baths, I feel have a vital influence. Bodies cleansed by pure fresh water, nerves soothed, and brains rested and stimulated by the delightful experience of a refreshing shower under the most enjoyable conditions—the bright faces of the little ones indicate to the most careless observer how much the bath means to the pupils. The

shower baths in P. S. No. 110 (situated in one of the most congested districts of the east side) were opened in December, 1905, since which time an average of 20,000 children have been bathed annually. Each class is assigned a period of one half-hour weekly. Under the pressure of poverty and unwholesome surroundings personal cleanliness very often becomes neglected. Three hundred boys were questioned; of this number 200 had no baths at home, of the remaining the baths in 27 homes were out of order or used for other purposes. At the beginning of the work it was common to find the skin of the children so neglected that it appeared like a coat of brown paint. In many cases they were loath and afraid to bathe. By careful guidance, suggestion and encouragement and praise they have come to like the bath, they like to be clean, and many bring clean underwear with them. It is now esteemed a great privilege to bathe. There is a very strong flow of water which beats diagonally upon the body, which not only cleanses the skin, but stimulates it, strengthens the nervous system and aids the circulation of blood. The most marked improvement is in the ungraded classes. The children go back to their classrooms more refreshed and alert for work, than they would after a half hour's exercise in the gymnasium. The bathing habit formed in school between the ages of seven to fourteen will continue through life. On the moral side a child when clean, has more respect for himself and is more responsive to law and order. Where habits of uncleanliness prevail moral deterioration and disease follow. The class attending the bath in a group acts as an incentive for all to partake of the advantage. Whenever the baths have been closed down because of lack of funds to carry on the work, the pupils have missed them sorely; they are undoubtedly of great benefit to the school. In closing, if I may be permitted a suggestion, it would be well to provide a supply of towels and soap for those who are unable to supply their own. At present the pupils are dependent upon the generosity of the bath attendants, the teachers and their classmates."

What a commentary at once on the beneficence and educational value of the school baths and the niggardly false economy of the financial authorities in not supplying funds for the regular maintenance of these educational factors throughout the year. Is it not ridiculous to furnish water without soap or towels, when new gymnasiums with all paraphernalia are being constantly planned and erected for grown-ups' recreation?"—*The Dietetic and Hygienic Gazette.*

The Canadian Journal of Medicine and Surgery gives an account of the successful treatment by radium of several cases. Among these, a case of angioma which had not yielded to operation. The tumor, before

radium treatment, projected about one inch from the surface of the face and extended over a large area. The patient is completely cured. The treatment was by the application of radium for forty hours and the injection of twenty-one hypodermics of radium salts.

Another patient with "a mass of spongy tissue on the alveolar margin of the upper jaw, and also some on the lower. The tissue broke down very rapidly with bleeding. Under two applications of a tube of radium the papillomatous mass has disappeared and left a smooth healed margin."

Another patient of 77 had an ulcer below the right ear which slowly increased in size. After three heavy exposures to radium healing gradually took place and was completed in about two months.

Another, a case of rodent ulcer, where radium was used at intervals and complete healing has resulted.

The Southern California Practitioner gives a summary of an important paper—"Some Suggestions for a More Rational Solution of the Tuberculosis Problem in the United States," given at the National Conference on Race Betterment at Battle Creek in January, 1914, by Dr. S. A. Knopf, Professor of Medicine at the New York Post-Graduate Medical School and Hospital. Here are some excerpts:

"We must strive to have no uncared-for tuberculosis patients. To this end, institutions for treatment and care of the tuberculous who cannot be cared for at home without endangering others, should be multiplied by State and municipal appropriations and private philanthropy."

"Agricultural, horticultural and industrial colonies, where the sanatoria graduate may have an opportunity to go for a year or more to earn a fair wage and at the same time be given a chance to make himself stronger and more resistant against a new outbreak or invasion of the disease, are as essential as sanatoria."

"Open air schools and as much open air instruction as possible in kindergarten, school and college, should be the rule: indoor instruction should be the exception."

"There should be a sufficient number of public parks and playgrounds in our cities to counteract congestion and reduce it to a minimum. The roofs of all city houses should be utilized to give more open air life to the inhabitants."

"Besides popular anti-tuberculosis and general hygienic education, demonstrations by permanent exhibits, distribution of literature, lectures in schools, colleges, workshops, mills, factories, mines, stores and offices, the examination of every tuberculous adult should be accompanied by personal instruction in how to prevent infecting others.

Anti-spitting ordinances should be enforced, but receptacles in public places for those who must spit should also be provided."

"The eradication of tuberculosis as a disease of the masses with all the physical, mental, and moral suffering and the millions in money now sacrificed largely in vain, is nevertheless possible, but I emphasize once more, not until every tuberculous individual, in no matter what stage of the disease, is properly cared for at home or in an institution and all the predisposing causes removed. All the measures to attain this end must, of course, be inspired, not by a blind phthisiophobia (an exaggerated fear of tuberculosis) nor by an hysterical phthisiophobia (allowing the tuberculous person to do as he pleases because of our sympathy or love for him). The intelligent co-operation of the tuberculous patient is as much needed in the solution of these various problems as that of the statesman, physician, philanthropist, and the people at large."

"The various measures which I have ventured to suggest, and which are described in detail in my paper, must not ever be allowed to become a crusade against the tuberculous individual, who is our friend and brother, but for his sake and our sakes, we must make henceforth a more rational and determined fight against the disease 'tuberculosis,' which is our most costly enemy and the most deathly foe of mankind."

"Of course, there are certain social reasons for the prevalence of tuberculosis which are also responsible for some of our other social and physical ills. Among them I must mention first the utter ignorance of the vast majority of people who enter into matrimony of the responsibilities they assume as fathers and mothers of the coming generation. Some great philanthropist or some wise government should take the initiative and establish schools where the responsibilities and obligations of father and motherhood would be taught. To these schools all candidates for marriage should be admitted gratuitously. A course of one or two months would suffice and there should be night lessons as well as day instructions so that those occupied during the day may also have an opportunity to learn. These courses should include family hygiene, home hygiene, eugenics, the science of raising children physically, mentally and morally healthy, and such individual instructions for man and woman as the case may demand, all the work being directed towards enabling the future family to live a normal and happy life."

"The foods which best serve certain food needs are discussed in a new lesson in the reading course for farm women given by the home economics department of Cornell. This lesson is called "Rules for Planning the Family Dietary," and it tells the housekeeper what foods

to use to provide her household with the proper amount of energy and iron. Milk, eggs, meat, legumes, cereals, make living tissue grow; cereals, legumes, fats, sugars, and starches yield energy; milk, legumes, and whole cereals supply lime; eggs, legumes, oatmeal, vegetables, and fruits produce iron. Mild-flavored, non-stimulating, simply-prepared, and easily-digested foods should make up the main part of every meal. Eggs should always be used, when they can be afforded—a wise consideration. Much water should be consumed, and fruit and vegetables used liberally. Cereals and cereal food which include the outer layer of the grain are better than those that have had this layer removed. And always, the age, vigor, and activity of the individual should determine the strength of his food."—*The Dietetic and Hygienic Gazette.*

THE INTERNATIONAL CONGRESS OF NURSES

San Francisco, May 31—June 6, 1915

Jane A. Delano Prize Competition

Miss L. L. Dock, Hon. Secretary International Council of Nurses, 265 Henry Street, New York City.

Chairman Committee of Exhibits, Mrs. Helen Criswell, Wake Robin Ridge, Los Gatos, California.

Committee on Specifications—
Miss Carrie M. Hall, Chairman, Peter Bent Brigham Hospital, Boston, Mass.
Miss Ada M. Carr, Instructive District Nursing Association, Boston, Mass.
Miss Nancy Ellicott, Rockefeller Institute, New York City.

Two prizes, one of $100 and one of $50, have been offered by Miss Jane A. Delano, Chairman of the National Committee on Red Cross Nursing Service of the United States, for the best and second best invention by a nurse.

Inventions entered in this competition are to be displayed at the exhibition to be held on the occasion of the third International Congress of Nurses, May 31—June 6, 1915. This exhibition is to be a part of the Panama-Pacific International Exposition, San Francisco, California, February 20—December 4, 1915.

Inventions:—The inventions shall include any device invented by a nurse for the promotion of the comfort, relief, or welfare of a sick person. Preference in the awarding of prizes will be shown to those inventions which have the greatest practical bearing and whose usefulness shall have been demonstrated in the most obvious manner by the models entered in the competition.

Directions for Applications:—A. All persons intending to compete for these prizes must make application to Miss L. L. Dock, International Secretary, No. 265 Henry Street, New York City, before

November 15, 1914, giving the amount of space, floor or wall, which will be required for the exhibition of their invention.

B. Applications for space must be accompanied by a letter of introduction from some organization represented in the International Council, or endorsed by representatives of the following countries.

List of Names: Great Britain, Mrs. Bedford Fenwick, 20 Upper Wimpole Street, London, W.; United States, Miss Annie Goodrich, Teachers' College, Columbia University, New York; Germany, German Nurses' Association, Regensburger Str., 28 Berlin, W. 50; Holland, Miss Van Lanschot, Hubrecht, Nic. Maesstraat 85, Amsterdam, Holland; Finland, Madame Mannerheim, Surgical Hospital, Helsingfors, Finland; Denmark, Danish Nurses' Association, Kronprinsessegade 50, Copenhagen; Canada, Miss Mary Ard Mackenzie, Victorian Order of Nurses, Ottawa; India, Mrs. Etha Butcher Klosz, Queen's Mansions, Prescott Road, Bombay, India; New Zealand, Miss Hester Maclean, Government Buildings, Wellington, N.Z.; France, Dr. Anna Hamilton, Rue Cassignol, Bordeaux; Italy, Miss Amy Turton, care Queen Helena's Training School, Polyclinic Hospital, Rome; Japan, Miss Hagiware, Red Cross Hospital, Tokio; Switzerland, Miss Emmy Oser, Platten str. 33 II Zurich; Sweden, Miss Emmy Lindhagen, Serafimer Hospital, Stockholm; Norway, Miss B. Larssen, Hammerfestgt 13 II Christiania; Australia, The Australasian Tr. Nurses' Association, Equitable Building, Sydney, N.S.W., Royal Victoria Tr. Nurses' Association, 85 Collins Street, Melbourne, Victoria; China, Miss Chung, Women's Medical School Hospital, Tientsin; Cuba, Miss Hibbard, Hospital No. 1, Havana.

C. Should the invention be eligible for competition, notification will be sent to the applicant, together with directions for shipping.

Directions for Entries:—A. Articles entered for this competition must be received at San Francisco on or before December 31, 1914.

B. All transportation charges to and from the Exposition must be borne by the competitors.

C. All inventions entered must bear a card, first: explaining the operation of the device; second, the name and address of the inventor; third, the name of the training school and date of graduation of the inventor.

D. Exhibits must be left in the Exposition Building until the close of the Exposition.

E. Exhibitors who desire to set up their own exhibits may do so.

F. Further information can be obtained, if necessary, from the Chairman of the Arrangements Committee, Mrs. Helen Criswell.

Award of Prizes.—Award of prizes will be made by a committee appointed by the International Council when it convenes in San Francisco in 1915.

Editorial

HALIFAX, 1914

The Annual Meetings of The Canadian Society of Superintendents of Training Schools for Nurses and The Canadian National Association of Trained Nurses grow in interest and importance each year. The amount of work to be overtaken this year is enormous, for both programmes are crammed with papers of vital interest to the profession.

As the Delegates gather in this old, historic City-by-the-Sea, it is inspiring, and gratifying too, to note that there is every prospect that every Province in Canada will be represented. This is as it should be.

The questions that will come before the National Association are very important, nationally and internationally.

Plans for taking over The Canadian Nurse will be discussed and arranged. This is a question of vital importance, not only to The Canadian National Association, but to every nurse in Canada. If the National Association is to take this step, the nurses must make it possible.

Canada's part in the International Congress in San Francisco in 1915 will come up for decision. While the International Congress of Nurses is always of great interest, the 1915 Congress seems to come closer to us, as it will be held on our Continent. Many of our Nurses should take the opportunity to attend.

Another important question for discussion and decision will be Canada's part in the great international memorial that is being planned for Florence Nightingale. A Chair of Nursing in a University in her own country would be a splendid memorial to this great woman, the Foundress of our Profession.

Nurses, here is work, splendid, far-reaching, that will benefit the profession for all time, and it must be done now. Go forward and accomplish these great tasks in such a way that those coming after will be able to build securely and well on your broad and strong foundation.

THE INTERNATIONAL CONGRESS, 1915

Nurses who are planning to attend the International Congress of Nurses in San Francisco beginning on May 31st, 1915, will have noted the plans of the New York Nurses, as outlined in the July number. While some of our nurses may wish to go to the Congress by that

route, our National Association hopes that the greater number will go through Western Canada and attend the meetings of The Canadian National Association of Trained Nurses in Vancouver en route. These meetings will be arranged so that all who wish to go on to the International will be able to arrive in San Francisco in good time.

Let us keep Vancouver, 1915, in mind, and each see to it that her quota of thought and work and enthusiasm is not lacking there, and so the 1915 meeting will register a great advance all along the line.

OFFICERS FOR 1914-15

We are glad to be able to give the result of the elections in The Canadian National Association of Trained Nurses.

The officers are: President, Miss S. P. Wright, 115 Third St., New Westminster, B.C.; Secretary, Miss J. I. Gunn, Toronto General Hospital; Treasurer, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

Will subscribers who are notifying us of change of address be good enough to give both old and new addresses, so that we will have no difficulty in making proper entries. Several of late have renewed subscriptions giving new addresses, but not giving the old, and the result has been that the name has been entered as a new subscriber. A little attention to this matter will facilitate our work and prevent inconvenience to subscribers.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

BE CONTENT WITH THY LOT.

O, envy not the world's great men,
Th' undying fame they leave behind,
The noble works performed by them,
The good they do to humankind.

Be content with thy humble lot,
And perfect do thy simple task;
An hour in idleness spend not,
But constant toil; 'tis all God asks.

Of simple things the great are made;
The brushless artist cannot paint,
And thoughts into oblivion fade
If words put on them a restraint.

Sweet music is made up of tones,
And mansions tall. from base to top,
Are built of many little stones;
The ocean holds full many a drop.

And when the Son of God came down
To free mankind, base slaves of sin,
He wore no kingly robe, no crown,
A tradesman's garb He clothed Him in.

—EUGENE SULLIVAN.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-Pres., Mrs. W. S. Tilley, 157 William St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hosp., Toronto; Mrs. MacConnell, 514 Brunswick Ave., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Mrs. I. P. MacConnell, 514 Brunswick Ave., Toronto.

The regular monthly meeting of the executive was held on Wednesday, June 24th, at the Nurses' Club, the president, Mrs. Tilley, in the chair. There were eight members present.

The conveners of the standing committees for the 1914-1915 are: Legislation, Miss Rowan, Toronto; constitution and by-laws, Miss Smith, Hamilton; publication and press, Miss Ewing, Toronto. It was decided that the provincial executive would no longer appoint a representative to the Local Council of Women, that duty now belonging to the Toronto chapter. Seven applications for membership were accepted.

Miss Ewing announced with regret that Miss Norris, a member of the board of directors had recently died, and moved that a letter of sympathy from the executive be sent to her family.

Mrs. McConnel, Western Hospital, Toronto, was appointed to take Miss Norris' place.

The annual meeting this year will be held at the General Hospital, Toronto. The executive will not meet again until the first week in September.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

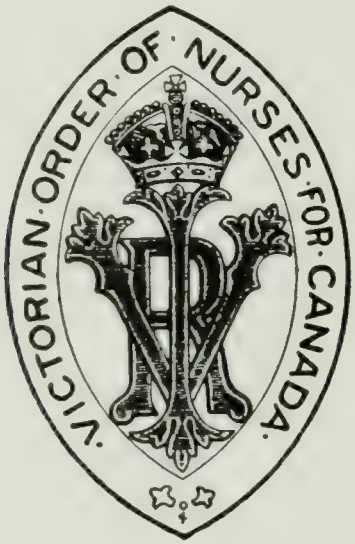
Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

How easy it is for one benevolent being to diffuse pleasure around him: and how truly is a kind heart a fountain of gladness, making everything in its vicinity to freshen into smiles. Washington Irving.

This is a bit of "new thought" for our special consideration as companions of the sick. It is no newer than Irving, or the Gospels, or the prophets, or, for that matter, Adam and Eve. The only thing new about "new thought" is that it would be a new thing for some people to get it.

Can we remember that our patients are sick, or think they are; that they have revealed to us, perhaps unwillingly, the inner secrets of their weakness and sorrow, and that we are the custodians of their secrets: that they look to us for strength and encouragement as well as for medicine and baths? If we can remember these things, we shall realize the human element in every "case," and we will make it our privilege to radiate human sympathy as we go about the day's work. And so the work will be the pleasanter for us, and our friends, the patients, will make better progress toward recovery. This is what some smart people have just found out—and call it new. It never gets old.—*The Dietetic and Hygienic Gazette.*



(Bulletin No. 1.)

The Executive Council of the Victorian Order of Nurses for Canada has decided to issue short bulletins from time to time with a view to spreading knowledge on health subjects throughout the Country.

This first bulletin will deal with Child Welfare.

1. Prevention of disease is easier, better and cheaper than cure.

2. The child's welfare depends on the mother's health to a large extent. Expectant mothers should see to it that they have the proper care, food, exercise, etc., before the baby's birth. She should have her urine examined at least once a month, should drink plenty of water, her bowels should move once a day. Severe headache, swelling of face, hands, and increased swelling of ankles should be reported to her physician; if there be any bloody discharge the physician should be sent for at once.

3. The best food for babies is mother's milk.

4. The baby should be nursed regularly from five to seven times in the twenty-four hours.

5. The mother should remember that her peace of mind, freedom from worry, and from being over-tired have a great influence on the supply of milk. She should eat freely of her usual diet.

6. Boiled water, unsweetened, should be given the baby at regular intervals, before the milk comes in, and also between feedings afterwards.

7. Cow's milk is the best substitute for mother's milk. Procure "Certified Milk" if possible. If it is not available, get the cleanest bottled you can find. Avoid all milk sold in bulk. The various so-

called "baby-foods" and condensed milks are not satisfactory, and are usually very injurious to the baby.

8. Many diseases, such as tuberculosis, diphtheria and typhoid fever are carried by milk, so it is well, if there be doubt about the supply, to have it pasteurized.

9. Baby's milk must be kept cold until before using, then heated to blood heat.

10. Everything that comes in contact with the baby's food must be kept clean.

11. Use a clean, boiled bottle for each feeding.

12. Use a clean, boiled nipple for each feeding.

13. When the baby has diarrhoea, stop all food at once, give it one or two teaspoonfuls of castor oil, and allow it to have plenty of cool unsweetened boiled water. If the baby objects to the plain water, barley or oatmeal water may be given.

14. Do not wash baby's mouth.

15. Next in importance to the baby's food is the housing conditions. See to it that the baby has plenty of fresh air and sunshine. It should spend most of its time out of doors. It should be shielded from the wind and the direct rays of the sun.

16. Do not put too much clothing on baby. In very hot weather the diaper and one loose garment are sufficient. Bear in mind, however, that a baby is very sensitive to heat and cold.

17. Bathe the baby at least once daily. In very warm weather two tepid sponge baths are advisable.

18. The baby should have a separate cot or basket, raised from the ground to avoid draughts, and should be protected from flies.

19. Do not allow anyone to kiss the baby on the mouth. Many children are infected in that way. Other ways are by allowing the child to play on the floor, when it picks up dusty objects which have germs on them, or with the cat, which is one of the greatest germ-carriers. Cover floor with clean sheet.

20. Do not use "pacifiers" or "comforts"; they are unnecessary and very injurious to the child.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 206 Spadina Avenue, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

HOSPITALS AND NURSES.

British Columbia.

Miss Booth, one of Victoria's most popular private nurses, was married to Capt. Tait, and has settled in Victoria. Mrs. Tait's many friends wish her much happiness in her new home, "Normandie Apartments."

Miss Moreau, graduate of St. Joseph's Hospital, Port Arthur, class '08, has resigned her position in Victoria with the Victorian Order, and will be married early in August to Mr. Gordon Gower, B.A., Public School Inspector. Mr. and Mrs. Gower will be at home to their many friends second week in October.

Miss Parker, graduate of Jersey City Hospital, is one of the staff nurses in the Fernie Hospital, Fernie, B.C.

Mrs. M. Clode, of Birmingham, Ala., is matron pro tem of the Elizabeth Duncan Memorial Hospital at Bessemer, Ala.

Miss Kennedy, of Victoria, B.C., is at present in Ladysmith, B.C., on a private case.

Ontario.

On the evening of June 16th the graduating exercises of the 1914 class of the G. and M. Hospital School for Nurses, Collingwood, took place, when six nurses received their diplomas—Misses Griesbach, Collins, Akitt, Morgan, McDonald, and Wood. Miss Morton, superintendent, gave a most interesting report, noting the progress that had been made since 1902, when the first class graduated.

Dr. F. N. G. Starr, of Toronto, addressed the graduates. Addresses were given by Mr. H. Y. Telfer, president of the board; Dr. Connolly, Dr. McFaul, and Rev. D. W. S. Urquhart.

After the Hippocratic oath had been administered by Miss Morton, the diplomas were presented by Mrs. Meacham, honorary president of the ladies' board. The medals were presented by Mrs. W. Williams, first vice-president. Dr. McFaul presented the gold medal to Miss Collins for highest standing. Miss Morton presented a hypodermic syringe to each graduate. Beautiful bouquets of roses were also presented to the nurses.

Miss M. Dawson has returned home after taking the month's post-graduate course in school nursing in Toronto. Miss Dawson will begin her duties as school nurse in Collingwood in September.

The Graduate Nurses' Association of Thunder Bay district gave a very pleasant moonlight trip around Thunder Bay on the evening of June 25th. About three hundred guests enjoyed the pleasant outing. The nurses were successful in raising funds to help defray the expenses of a delegate to the annual convention of the Canadian National Association of Trained Nurses at Halifax.

Miss Alice Guiry will shortly leave on an extended visit to her home in Lindsay, also to Montreal, Quebec, and Ste. Anne de Beaupre.

Miss Blackmore, operating room nurse at the R., M. and G. Hospital, Port Arthur, will be the delegate from the Thunder Bay Graduate Nurses' Association to the annual meeting in Halifax.

Miss Graham is spending her holidays camping at Lorne Park.

Miss E. Wood, late superintendent of the Cobourg Hospital, is now at the General Hospital, Owen Sound, Ont.

Miss M. A. Walsh, graduate of the Kingston General Hospital, has accepted the position of superintendent of the Cobourg Hospital.

Miss Scott, graduate of the Isolation Hospital, Toronto, the Polyclinic Post-graduate School for Nurses, New York City, has succeeded Miss Bell as lady superintendent of the Toronto Western Hospital. Miss Scott also took a post-graduate course in the General Memorial Hospital, New York City, and for some time after the completion of this course occupied a position in the institution as well as in the Roosevelt Hospital, in the same city.

Mrs. Broome (nee Miss Beatrice Wilson, graduate of the Toronto Western Hospital, class '08), of Alta, California, is visiting her mother in Woodstock, and will also spend a few weeks with Toronto friends.

Miss Jessie Cooper, graduate of the T. W. H., has joined the Metropolitan Life Insurance Association staff of visiting nurses.

Miss Lena Davis attended the convention of the Canadian National Association of Trained Nurses at Halifax, as delegate from the T. W. H. Alumnae Association. She also attended the annual convention of superintendents, as she is a member of that society.

Miss McDonald is visiting in Winnipeg for a few weeks while convalescing after her recent operation.

A new surgical wing is being added to St. Joseph's Hospital, Port Arthur. It will be very up-to-date, with new operating rooms, and will be heated by a separate steam heating plant.

The annual commencement of the Hamilton City Hospital Training School for Nurses was held at the Nurses' Residence, May 21st, at 3 p.m., a class of 27 graduating. T. H. Pratt, Esq., chairman of the board of governors, presided. Addresses were given by the Rev. S. Banks Nelson, Rev. Mr. White, Rev. Mr. Williams and Col. Moore. Dr. Langrill gave the Florence Nightingale Pledge to the graduates, and John I. McLaren, Esq., presented the Mary McLaren House Scholarship, which was awarded to Miss Donaldo Kelso, of Wallacetown. Refreshments were served after the exercises, and the new wing for children was open for inspection.

The graduates are: Mary Cameron King, Lillias A. Morden, Jen-

nie A. Kitchen, Eleanor W. Stainton, Hazel D. Dahl, Emily J. Grinyer, Alice C. Doyle, Jessie E. A. McColl, Elizabeth P. Malcolmson, Lillian Dixon, Barbara M. Parker, Jennie P. Hazlitt, C. J. McGregor, Minnie P. Pegg, K. M. C. Barwick, M. Jolley, Donaldo Kelso, E. M. Walker, M. C. Barclay, Vera A. Campbell, Edith M. Carbert, Clara J. Grainger, Edith V. Davidson, Mary E. Ball, Grace E. Lowe, Florence B. Mould.

The usual graduation dance was held in the evening, when 110 sat down to supper.

Miss Rogers has resigned the position as night supervisor at Riverdale Hospital, Toronto. Miss M. Potts has taken her place.

Miss F. Piggott has resigned the position of head nurse, the vacancy being filled by Miss E. Honey.

At a special meeting of the Hamilton Hospital Alumnae, Miss Burnett was appointed president in place of Miss May Brennen, and Miss Marion Ross recording secretary in Miss Fenby's place.

Miss Mina Rodgers, graduate of H.C.H. class '08, has been appointed superintendent of the Berlin and Waterloo Hospital.

The eighth annual meeting of the Victoria Hospital, London, Alumnae Association was held on Tuesday, May 26th.

The President, Miss Gilchrist, read a very interesting address of welcome to the graduating class of 1914.

Miss McIntosh, the retiring secretary, submitted the report for the past year, which showed the association to be in a good condition both as to membership and finances.

Officers were elected for the ensuing year as follows: President, Miss Gilchrist; vice-president, Miss Mae Vicor; secretary-treasurer, Miss Whiting; programme committee, Misses Laird, Milroy and Rosser; representative to The Canadian Nurse, Mrs. Walter Cummins.

At the conclusion of the meeting the members attended a reception to the Alumnae and graduating class given by the trustees and officers of the hospital, in the spacious parlor of the Nurses' Home. Miss Stanley, superintendent of nurses and Col. Gartshore, chairman of the hospital trust, gave each one present a hearty welcome.

The graduating exercises of the class of 1914 were held at the Normal School on Wednesday, May 27th. The proceedings were opened by prayer by the Very Rev. Evans Davis, Dean of Huron. The twenty-seven graduates received their diplomas at the hands of Lieut.-Col. W. M. Gartshore, chairman of the Hospital Trust, after they had taken the Florence Nightingale Pledge. Mr. L. Meredith presented the badges.

The prize medals were then presentd by Dr. Niven, chairman of the medical staff, to Miss Ethel Grace Brock, London, gold medal; to Miss Ethel Wilson, Clavering, silver medal; to Miss Anna Hicks, Windsor,

bronze medal. The address to the graduating class was delivered by Dr. George MacNeil.

The brilliant assemblage, the nurses in their white costumes and the profusion of beautiful flowers, were an inspiring and interesting sight. The Tony Cortese Orchestra furnished the music. The following is a list of the class of 1914:

Lillian Somerville, Ethel Wilson, Susie Elliott, Sarah Wilson, Marion MacDermid, Harriette Purdy, Mary Foreman, Harriet Hammond, Ethel Brock, Lottie Paynter, Ada Brown, Catherine McMillan, Edna Lyon, Julia Phelps, Erie Treadwell, Nellie Marsh, Margaret Kennedy, Allie Hiles, Margaret Hedley, Ella Sherritt, Eva Boyden, Menotah Roberts, Maud Bristow, Annie Hicks, Adeline Bodkin, Florence Weldon, Alberta Simpson.

The graduating exercises of the 1914 class of the Hospital for Sick Children Training School for Nurses, Toronto, was held on the evening of May 27th, in the beautiful reception room of the residence. Mr. J. Ross Robertson, chairman of the Hospital Trust, presided. Rev. Dr. Gandier, principal of Knox College, gave the invocation, after which Mr. Robertson gave a most interesting address and a report of the Training School, which showed that everything was progressing most favorably under the superintendency of Miss Potts. Very Rev. Archdeacon Cody addressed the class, giving them some splendid advice which they and, indeed, all nurses who were present, will do well to remember always. The diplomas and medals were presented by Dr. Clarence L. Starr. The prizes were presented by Mrs. J. Ross Robertson: 1st division, (1) scholarship of $50 in gold for general proficiency, to Miss Olive Campbell; (2) for highest marks, a case of instruments to Miss Hilda Pennock. Second division: (1) Scholarship of $50 in gold to Matilda Fitzgerald; (2) case of instruments to Miss Alice Barnes. Third division: (1) Scholarship of $50 in gold to Miss May Johnston; (2) for highest marks, a case of instruments to Miss Jessie McDonald; (3) for general proficiency, a case of instruments to Miss F. C. Gamble and to Miss A. M. Grindlay, who were equal. For neatest charting, Miss G. L. Spanner was awarded a case of instruments.

Intermediate class: Scholarship of $30 in gold to Miss Ethel Daily; case of instruments to Miss Ethel Daily for neatness, and to Miss Jessie Macdonald for highest marks.

Junior class: Scholarship of $20 in gold to Miss Beatrice Simms, and case of instruments to Miss Marion Piggott for highest marks.

Dr. Allen Baines presented the scholarships, after which the singing of the National Anthem closed a very interesting programme. The guests were invited to the spacious dining room, where dainty refreshments were served, and where all had the privilege of viewing the table of beautiful flowers, gifts to the graduating class.

The Toronto General Hospital Training School for Nurses held the graduating exercises for the 1914 class on the evening of May 21st, in the out-patient building. Mr. J. W. Flavelle, chairman of the Hospital Board, presided. Miss Gunn, superintendent of nurses, gave the report of the Training School.

President Falconer spoke in strong and appealing terms to the graduates, whose vocation and work he deemed above all price, and from their first year onward always to have the highest standpoint in view.

Lady Gibson distributed the school pins and diplomas. The winners were as follows:

Scholarships and prizes: Senior year, the Dr. James F. W. Ross Scholarship, general proficiency, Maude Rogers Webb; the H. A. Bruce Scholarship, proficiency in operating room technique, Lizzie McEachren; the R. L. Patterson Prize, highest standing in examinations, Daisy Eleanor Randall. Intermediate year, the P. C. Larkin Scholarship, general proficiency, Florence Hessletine Dolson. Junior year, the Arthur McCollum Memorial Scholarship, general proficiency, Ella Grant.

The graduates are: Olive Allison, Kathleen Adams, Edna M. Armstrong, Ruby E. Berry, Mary Anna Buchanan, Jessie Evelyn Coulter, Katherine Crichton, Almeda L. Clubine, Florence Beetha Dix, Verbena Beatrice Friend, Annetta Fields, Mae Gabrella Grills, Florence Hill, Ella DeVere Hunt, Susie Alberta Lambie, Fannie Elizabeth Loucks, Lizzie McEachren, Catharine McBeath, Nellie Elizabeth McCarter, Emma Charlotte McLeod, Margaret Eliza Orr, Daisy Eleanor Randall, Helen Stewart, May Eliza Shaver, Florella May Stevenson, Muriel Louise Sculthorpe, Margaret Hazel Sheppard, Mary Emma Tretheway, Maude Rogers Webb, Katherine McDougall Westman, Myra Wood, Madeline A. R. Yeates.

A reception in the Nurses' Residence brought a very happy evening to a close.

The critical illness of Rev. Sister Marie de Saureur, superioress of the Hospital, was the only obstacle which marred the graduating exercises of the 12th class of the Youville Training School of the Ottawa General Hospital. A bright day and a large attendance of the many friends of the young graduates gathered in the beautifully decorated lecture hall of the institution, were features which helped to make the occasion a memorable one.

The assembly was honored with the presence of His Lordship Bishop Brunet of Mount Laurier. An ex-chaplain of the nurses, the bishop's many friends in the hospital were delighted to see him again

Dr. Chevrier acted as chairman, and made a short speech before the presentation of diplomas and medals. The usually pretty musical pro-

gramme was omitted, but an orchestra stationed in the corridor rendered some beautiful numbers.

Mrs. W. P. Davis, president of the ladies' auxiliary of the hospital, presented the diplomas, and Miss M. Brankin, president of the Nurses' Alumnae, pinned medals on the following: Rev. Sister Valere, Misses M. Kennedy, H. Brunel, M. Daly, E. Hoctor, M. Whelan, M. Galbraith, R. Bradley, A. Roirdan, Miss M. Kennedy, having obtained highest percentage on totals, won the prize donated by the Nurses' Alumnae.

Dr. J. L. Chabot then delivered the address to the graduates. A general favorite, the doctor's speech delivered in his usually fluent style, was delightfully received. After extending congratulations and good wishes to the graduates, he urged upon them the necessity of watchfulness and kindness.

Bishop Brunet's addresses in English and French, although brief, were most interesting.

In conclusion, Sir James Grant, dean of the medical staff, offered congratulations to the graduates, and complimented the speakers, and in a most kindly manner spoke of the deep regret caused by the illness of the Sister Superior.

An orchestral number terminated the exercises, and the guests repaired to the lawn, where dainty refreshments were served.

Sir James Grant, Drs. Chevrier, Chabot, Gibson, Baptie, Smith, Ells, Valin, Young, Flegg, Sims, Legault, McLeod, Gordon and Woods were among the many present.

At the Ottawa General Hospital, on Thursday, May 21st, the death occurred of Sister Marie de Saureur, superioress of the hospital.

The late Sister suffered from cardiac dropsy, and was ill for some months, but remained on duty until Easter Sunday. From that time on she failed rapidly, but had frequent bright spells.

A most kind and indulgent director, and a remarkably clever business woman, her demise is a decided loss to the community of which she was a zealous member for forty-four years.

During her nine years' regime in the hospital great improvements have taken place, and it was ever her earnest desire to provide the utmost comfort for the patients and inmates, and to keep abreast with newest appliances in every department of the house.

The funeral on Saturday, May 23rd, was largely attended, all of the staff doctors being present, besides a great number of personal friends.

The news of the appointment of Sister Mary Auxialtrix, as superioress of the Ottawa General Hospital, was a delightful surprise to the sisters, doctors, nurses and all friends of the hospital.

The new superior is a graduate of the first class of the training

school, and has been connected with the institution for eighteen years. As an expert chemist, Sister Mary Auxialtrix has had charge of the pharmacy for the past eight years. A devoted nurse, and most kind and unassuming sister, Sister Superior is a decided favorite in the hospital, and her numerous friends extend congratulations and best wishes for success in her new and responsible position.

On Monday evening, May 11th, the graduating exercises of the class of 1914 of Kingston General Hospital were held in Grant Hall. After the distribution of diplomas and prizes, an excellent musical programme was rendered. The chief speaker of the evening was Miss Charlotte Aikens, of Detroit, Mich., who gave a very interesting paper on "Practical Ideals in Nursing."

Hamilton—A most enjoyable time was spent by the nurses and their friends at a summer dance given in the Brant House in aid of the Central Registry. The dance was both a social and financial success.

Misses Sampson, Doyle, Bier and Morden, graduates of Hamilton City Hospital, are nursing at Camp Niagara.

The 1914 class of fourteen, of the Toronto Western Hospital, on the afternoon of May 21st, received their parchments and medals in the presence of a large number of people, in the assembly hall of the hospital. The graduates are: Sadie Ritchie, Emma V. Pringle, Sara Atchison, Elizabeth A. Jackson, Edith Lawson, Mabel Allison, Bertha Cole, Marion Miller, Mary McDonald, Emmeline Harvey, Annie Riley, Marjory Rose, Stella Meggs, Annie Lowe.

After addresses by the chairman, Lieut.-Governor Sir John Gibson, Rev. T. Crawford Brown and Mr. Noel Marshall, the medals and diplomas were presented by Sir John Gibson, and the special scholarship and prizes were presented by Hon. Thomas Crawford, chairman of the board of governors, to the following nurses: Emmeline Harvey, Annie Lowe, Edith Lawson, Mary McDonald and Marjory Rose.

A pleasing feature of the exercises was the presentation of a cabinet of silver by the board of governors, dining room chairs by the staff doctors, and cut glass by the ladies' board of the hospital, to Miss Bell, retiring superintendent of nurses. After the exercises a reception was held in a marquee on the south lawn.

On Thursday afternoon, May 28th, Miss Bell, lady superintendent of the Toronto Western Hospital, and bride-to-be, received at the Western Hospital. The Alumnae Association of the hospital took this opportunity of gathering in a body to present Miss Bell with a pair of sterling silver candlesticks.

The T.W.H. Alumnae Association held its regular monthly meeting for June, which is the last meeting of the season, at the club house,

on the evening of June 5th. There was a fairly good attendance, and a pleasant social evening was enjoyed by all.

The Graduating Exercises of the Training School of St. Luke's Hospital, Ottawa, were held in the new wing, Thursday, June 25th, 1914. Last year, owing to lack of accommodation, no exercises were held, so special interest was shown this year, when classes 1913 and 1914 graduated together. The building was tastefully decorated with flags and flowers. Sir Louis Davies presided, and Dr. H. B. Small and Sir James Grant, M.D., addressed the nurses.

The medals and diplomas were presented by Mrs. W. G. Perley, Hon. President of the Ladies' Auxiliary. Miss Winifred Godard, Ottawa, was prize-winner of Class 1913, and Miss Marjory Upton, Ottawa, of Class 1914.

In the evening a dance was given for the nurses and their friends by the Ladies' Auxiliary and was greatly enjoyed by all.

Class 1913 are: Ethel Mary Piggott, Minerva A. Groves, Stella J. Johnston, Caroline Maud Bennett, Jessie Pollock MacFarlane, Mima Alexandra MacKenzie, Eva Awde Craig, Winifred D. Godard; and Class 1914 are: Bertha C. Rolph, Margery Bayne Upton, Mary Belle McKinnon, Lydia May Acheson, Pearl Breaky.

The graduating exercises of the Mack Training School, St. Catharines, were held June 18th, on the main floor of the hospital. The ward was prettily decorated with peonies and palms. The six graduates were: Miss Marriott, Miss McCormick, Miss Fowler, Miss Pike, Miss Blackhall, and Miss Calvert. The exercises were opened with prayer by the Rev. A. L. Huddleston. Mr. J. Marshall, Chairman, made a few remarks on the splendid work of the institution and the high standing of the nurses, and upon the able assistance of the Superintendent, Miss Uren. Dr. MacMahon addressed the graduates. He voiced his appreciation, which he felt sure was the appreciation of the entire staff of doctors, for the kind assistance from these young ladies. He wished to impress upon the graduates the motto of the hospital, "I see, I hear, I am silent." "You can be proud to be graduates of the Mack Training School, and of receiving your training under your efficient Superintendent, Miss Uren." Addresses followed by Rev. Broughall and Rev. Beaton. In the evening the graduates held an at-home. A very enjoyable time was spent.

Rev. Dr. Grant, Superintendent of the Presbyterian Home Mission and Social Service Board, has returned from a flying visit to the West, where, among other things, he formally opened the Hugh Waddell Memorial Hospital, at Canora, Sask.

The doctor reports unprecedented prospects throughout the Prairie Provinces. The Waddell Hospital is situated in the heart of a

Ruthenian settlement: and while it has a first-class staff and equipment, it is practically a pioneer in medical work in the district. Many of the patients pay for treatment, but Dr. Grant, in his speech at the opening, said he hoped the time would never come when a needy patient would have to be turned away for lack of room.

Manitoba.

On May 16th, another graduating class of the Winnipeg General Hospital Training School received their diplomas and medals. The exercises were held in the drawing-room of the Nurses' Home, and were attended by the friends and relatives of the nurses.

During the playing of a march by Mr. Higginson the class came down the stairs and into the rooms, carrying in their arms many beautiful flowers.

Mr. Galt addressed the graduates, referring to Miss Wilson's departure, and on behalf of the directors and graduating class tendered her their thanks for her nine years' splendid service.

Mr. Hespeler presented the medals in order of seniority—Misses Anderson, Chisholm, Robertson, Ray, Dormer, Findlay, Duncan, Connor, Shore, Roger, Berry, Mitchell, Kirkham, Merritt, Somerville, Duff, Greenbury, Henders, Dawson, Leighton, Thorsteinson, Lynch, McClelland, Carter, McPherson, Davis, Oliver, Aston.

The prizes were presented:

1. Highest General Proficiency, Miss C. M. Findlay, the Royal Household prize, presented by the Ogilvie Milling Company.

2. Practical Work, won by Miss C. M. Findlay, presented by Dr. H. H. Chown, in memory of Dr. W. S. England.

3. Bandaging, won by Miss M. C. Robertson, presented by E. L. Drewry, Esq.

Special bandaging prizes won by Miss Grace Connor, presented by Dr. Lehmann and Dr. Brandson, and Miss S. J. Shore, presented by Dr. G. W. Sinclair.

4. Charting, won by Miss E. M. Aston, presented by Miss E. M. Bain, in memory of Mr. Justice Bain.

5. Obstetrics, won by Miss C. M. Findlay, presented by A. McDonald, Esq.

6. Surgery, won by Miss W. F. Dawson, presented by W. F. Alloway, Esq.

7. Infectious Fevers, won by Miss C. M. Findlay, presented by Miss A. Attrill.

Then followed a song by Mrs. Counsell, accompanied by Mr. Gee.

Rev. Canon Murray, in addressing the class, referred to the element of sadness and hope present on an occasion of this sort. He said

that in the choice of a career for women, there were few more interesting, useful, or that so carried with them their own reward.

After a song by Miss Overton, Dr. Galloway addressed the class. He said besides the opportunities afforded for usefulness, interest and charity, not least was the help to development of the best in one's own character. It was a call to service of the highest order and not on the training alone, must depend success, but personality counts immensely. To be borne in mind constantly by a good nurse to do for our kind, in the best way, what they are unable to do for themselves.

Miss Galt completed the program by singing "A Perfect Day," accompanied by Mrs. Higginson and Miss Higginson, violin obligato.

Tea and cake were served as a finis to a pleasant afternoon.

The following Tuesday the class entertained their friends to the usual dance at the Nurses' Home.

Quebec.

The inauguration of a training school for nurses in connection with St. Vincent de Paul General Hospital, Sherbrooke, Que., took place in September, 1913. The ceremony took place in the handsome large community room, which was prettily decorated for the occasion. Mgr. Paul Larocque, Bishop of Sherbrooke, presided, and was received on his entrance by Rev. Mother Perras, superior of the hospital. Bishop Larocque was accompanied by Mgr. Chalifoux, V.G.; Rev. A. O. Gagnon, Rev. E. W. Dufresne, Rev. Abbe Marcotte, Rev. Napoleon Codere and Mr. C. E. Gatien.

The members of the medical board were present, and a class of nine young women, who were entering the training school.

Representatives of the other religious communities of the city, and of the Press were also present, with Rev. Sister Campeau, superintendent of nurses, and her staff. At the close of this most interesting ceremony dainty refreshments were served.

THE FORMATION OF "THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL, TRAINING SCHOOL FOR NURSES."

On November 18th, 1913, a meeting of the graduate nurses of the Western Hospital, Montreal, Training School for Nurses, was held in the Nurses' Home for the purpose of forming an Alumnae Association for the benefit of the graduates of the training school.

Miss Craig, Superintendent of the training school and convener of the meeting, was requested to take the chair, and in a few well-chosen words explained the aims and objects of the Association.

A formal motion was then proposed and carried: That an Alumnae

Association of the nurses of the Western Hospital, Montreal, be formed and incorporated under the name of the Alumnae Association of the Western Hospital, Montreal, Training School for Nurses, the aims and object being to unite the graduates; giving mutual benefit and protection, to advance the general standing and best interests of the nurses, and to establish a fund for the benefit of the sick among the members. A ballot being taken, the following officers were elected:

Honorary President, Miss Craig; President, Miss McBeath; First Vice-President, Miss Perrault; Second Vice-President, Miss Dyer; Secretary-Treasurer, Miss Reinhardt.

The President then took the chair, and the meeting decided that the Association be governed by a board of directors of ten (10) members, to be elected annually, four (4) of whom shall be appointed conveners of the sub-committees, and all of whom shall serve on the sub-committees. These are: Programme, Finance, Visiting and Membership, General Nursing and Social.

A draft of by-laws to govern the Association was drawn up, subject to amendment, voted upon and carried.

A vote of thanks having been tendered Miss Craig for her efforts in promoting the formation of the association, and for her unfailing kindness to the nurses, the meeting adjourned until December 9th, 1913.

The monthly meetings of the Alumnae Association of the Western Hospital, Montreal, Training School for Nurses have been held on the first Monday of each month at 4 p.m. in the Nurses' Home, when interesting addresses have been delivered by the physicians and surgeons of the hospital. The lectures of Dr. Perrigo on "Smallpox," and Dr. Reilly, on "Serum Treatment," were especially interesting and of great benefit to the nurses.

ELIZABETH WRIGHT.

United States

The annual meeting of the Fanny Allen Hospital Graduate Nurses' Association, Burlington, Vt., was held at the Fanny Allen Hospital on the afternoon of June 9th. Resolutions were adopted on the death of Mary E. Sherran, president of the association. Nine new members were admitted to the alumnae. The following officers were elected for the coming year: President, Mary E. Murran, '99; Vice-President, Anna Kingston Larner, '05; Secretary, Sarah Thaxter, Whitmarsh, '08; Treasurer, Rev. Sister Sweeney, '02.

After the usual business meeting, remarks were made by the Right Rev. Bishop Rice and Dr. P. E. McSweeney. A chorus, "O, Summer Night," was rendered by undergraduates; a paper entitled "A Specialty in Specialization," was read by Barbara E. Strong, R.N.; there

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After the required number of drops have been regulated by the screw compressor, it is unnecessary to touch the screw compressor again; as to shut off, or open up, the flow it is only necessary to shut off or open up the ratchet shut-off which is placed above the screw compressor.

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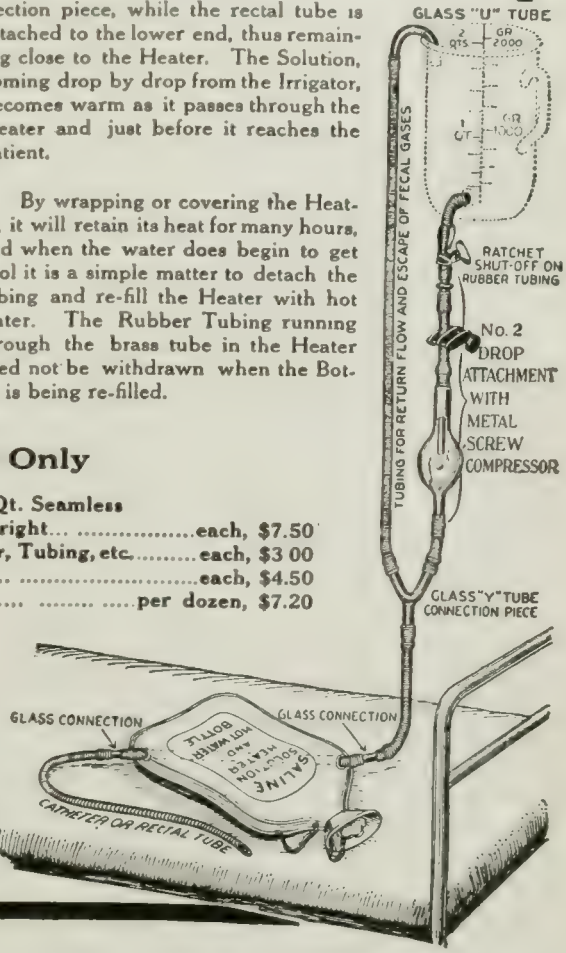
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was a duet by the Misses Mears, and a paper by C. V. Costellow, R.N., after which a bountiful banquet was served by the sisters and nurses.

The hospital was prettily decorated with the hospital colors, red and white, and also with the class colors of 1914, purple and gold.

BIRTHS.

At Fort William, Ont., on May 6, 1914, to Mr. and Mrs. William Harris, a son. Mrs. Harris (nee Rogan) is a graduate of Toronto Western Hospital, class '08.

At Craik, Sask., on May 11th, 1914, to Dr. and Mrs. Palmer, a daughter. Mrs. Palmer (nee Hudson) is a graduate of Kingston General Hospital.

At Kingston General Hospital, on May 9th, 1914, to Mr. and Mrs. Albert Stroud, a son. Mrs. Stroud (nee Guild) is a graduate of Kingston General Hospital, class '11.

MARRIAGES.

At Toronto, June 3rd, 1914, Miss Sadi Bell, retiring superintendent of the T. W. H., to Mr. G. A. Kiddie, son of the late Mr. and Mrs. Boyd Kiddie, of Oshawa, Ont.

On April 28, 1914, at the residence of her sister, Mrs. Scott, Vancouver, B.C., Margaret Grant Robertson, graduate of Vancouver General Hospital, to A. G. King, C.E., of Nanaimo.

On December 20, 1913, at Edmonton, Alta., Miss Elsie Tompkins, of Chatham, Ont., graduate of Toronto Western Hospital, class '10, to Mr. H. Scythes, of Weston, Ont.

At Osceola, Ont., on June 29th, 1914, Mary Gertrude Fitzpatrick, graduate O. G. H., class '08, to Mr. J. B. Fyfe, Cobalt, Ont.

At Toronto, on June 10, 1914, Miss Ida Rogers, graduate of Riverdale Isolation Hospital, Toronto, to Mr. Rudolph Charles Reidel. Mr. and Mrs. Reidel will reside at 127 Browning avenue, Toronto.

At Toronto, on June 29th, Miss Ethel May Noble, graduate of Grace Hospital, Toronto, to Mr. Sidney J. Shuttleworth, of Alberta.

At Moose Jaw, Sask., June 24th, 1914, Miss E. Jean Fell, graduate of the T. W. H., class '06, to Rev. Frank B. Richardson, of Rouleau, Sask.

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How to Succeed as a Trained Nurse. Edited by Sir Henry Burdett, K.C.B., K.C.V.O., author of "Hospitals and Asylums of the World"; "Hospitals and the State"; "Pay Hospitals of the World," etc., etc., and Editor of "The Hospital."

The Scientific Press, Limited, 28-29 Southampton Street, Strand, London, W.C., England. Price 2/6 net.

This book is a guide to various openings in the United Kingdom and abroad so that the nurse may be in a position to choose her branch of work. The information relating to the United Kingdom is very complete, but that relating to the Colonies is very inadequate. Under Canada are noted the Scottish Nursing Home and Association, Calgary, Alta., and The Victorian Order of Nurses of Canada.

A Course of Lectures on Medicine for Nurses. By Herbert E. Cuff, M.D., F.R.C.S., Medical Officer for General Purposes to the Metropolitan Asylums Board, Late Medical Superintendent North-Eastern Fever Hospital, Tottenham, London. Sixth Edition.

The Macmillan Company of Canada, Ltd., Toronto. Price $1.25 net.

The author here seeks to provide nurses with "a work of reference which will enable them intelligently to follow the progress of their cases; to grasp the meaning of symptoms; to understand some of the reasons which influence the physician in his adoption of different methods of treatment and the results to be expected therefrom." This information strengthens the interest of the nurse and thus increases the efficiency of her work. That the book has proved useful and helpful is demonstrated by a sixth edition.

Colorado Nursing News, with Mary B. Eyre as Editor and Louise Perrin as Business Manager, is a new twelve-page journal published by the Colorado State Trained Nurses' Association, in Denver. This journal, the first number of which appeared in February, 1914, is to the nurses of Colorado "a symbol of closer fellowship and greater endeavor."

The Editor and her assistants have our best wishes for success.

Anatomy and Physiology for Nurses. By Le Roy Lewis, M.D., late surgeon to, and lecturer on Anatomy and Physiology for Nurses at the Lewis Hospital, Bay City, Michigan. Third Edition, thoroughly revised.

W. B. Saunders Company, Philadelphia and London. Canadian Agents, The J. F. Hartz Co., Ltd., Toronto. Price, cloth, $1.75 net.

This is a particularly good textbook, and should find a place in every training school library. Graduates, too, will find it excellent for refreshing their knowledge. There are 161 illustrations and a good list of review questions at the end of each chapter.

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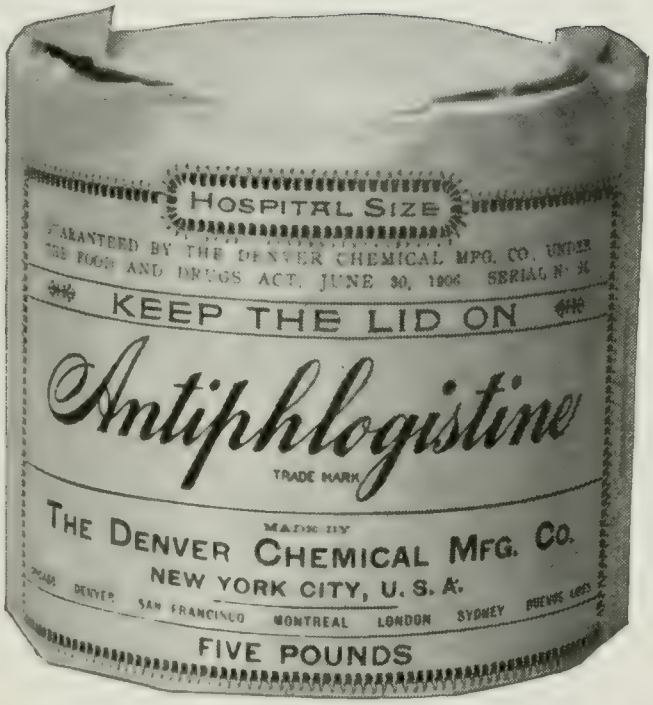

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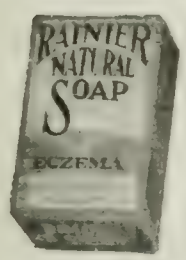

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SCHOOL ANNOUNCEMENT

The Summer class at School of Medical Gymnastics and Massage, 61 East 86th Street, New York City, is drawing near its close. Six different nationalities have been represented among the students. The diversity of the work and the interest shown both by teachers and pupils has made the summer seem short in spite of hot summer weather. The Alumni Association is already planning for a large social activity with more lectures and instruction in Scandinavian Folk Dances, as well as in modern dancing. For information about the school address Dr. Gudrun Friis Holm, at her Country Place, Quaker Bridge Camp, Croton-on-Hudson, New York.

THE CANADIAN NURSE

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REGISTRATION IN BRITISH COLUMBIA

By J. T. Scott, New Westminster, B,C.

For nearly three years Registration has been one of the chief questions occupying the minds of the Nurses of British Columbia, and in that time much has been done towards obtaining the desired legislation; indeed, so far as the Nurses are concerned, everything has been done that they can do and what remains undone is in the hands of the Legislature.

Though Registration is not an Accomplished Act, it is, nevertheless, at present an active principle among the Nurses of British Columbia. The interest and eagerness displayed by the Nurses has been splendid, each one has done what she could towards strengthening the hands and encouraging the officers who were elected to prepare the Bill and present it to Parliament. Everyone seemed to have a clear conception of just what Registration was going to accomplish for the nursing profession, and as a consequence for the doctors and the general public. The position of experienced Nurses is recognized and protected in the British Columbia Bill. It was the endeavor of the Bill Committee to make justice and unselfishness the keynote of the Registration Bill, and it was well done.

The propaganda and missionary work done by every Nurse of the Association was really wonderful; and anyone who has worked with the Nurses of British Coulmbia can comprehend the splendid enthusiasm and earnest spirit with which they inspired their officers, and which animated their own missionary work.

The opposition to Registration in British Columbia was at first very determined, but tact and intelligent comprehension on the part of the Nurses and their officers, the business-like, carefully-prepared Bill, which protected the interests of the Trained Nurse and her equally necessary sister, the experienced Nurse, disarmed the opposition and made friends of many who were unfriendly. There still remains a small opposition to be won over. "Patience and perseverance overcometh all things."

REGISTRATION IN BRITISH COLUMBIA

By Helen Randal, Vancouver, B.C.

In taking up our task of Registration for Nurses, we were struck with the great need of doing something to protect the public from many so-called "Trained Nurses." They had had either correspondence, short, or special courses, or who had left hospitals after a few weeks or months as pupils. These women, trusting to our scattered population, small towns and lack of organization, claimed full training, attempted everything in the nursing line, and demanded full fees.

In this new country small hospitals are and will be, for many years, all that are needed in the smaller places, and are doing good work. In order to work no hardship on them and to help in standardizing the training, affiliation was arranged with the Vancouver General Hospital, which gives the pupils of small hospitals a year or less in the largest hospital in British Columbia. Then to help the public to get the best "practical" Nurses we have provided an opportunity for them to be registered, after an examination in practical nursing. Our Bill was carefully compiled after the committee had studied all the available Bills already in force in the States. As we only organized in September, 1912, we had to work hard to be ready for Parliament the following January. We were advised not to present it as there were a few minor changes to be made, and so it was withdrawn. Again, in January, 1914, it was brought up before the Bills Committee of the House. These men gave us a very courteous hearing, but advised us again to keep it back, as, in their judgment, it would be wisdom to do so. We were disappointed, but as each year brings our aims before a larger public, and no one has yet found any real objection to our Bill, we trust that this year may see it through and on the Statute Book of British Columbia.

REGISTRATION IN ALBERTA

By Eleanor McPhedran, Calgary

In Alberta the Registration of Nurses seems to be a subject of considerable importance to the few. The profession has felt keenly the financial depression of the past year, and many who took an active interest in advancing the cause of Registration have left for more favored spots. The great difficulty with which we have to contend is the lack of interest shown by the "floating population." And while the West is in the making we all float more or less.

Our Bill is at present in process of drafting, and, I think, differs not materially from those of other provinces. Some of the main features which we are trying to include are: The standardization of training schools, the affiliation of smaller hospitals with larger institutions for a more complete training for student nurses, and the conduct

of examinations under the control of the Examining Board of the University of Alberta.

Owing to the aforesaid floating tendency, which affects even our officers, the Provincial Convention for 1914 has been postponed until the autumn, but as the Legislative Committee was given power to act, we hope to have the Bill brought before the Legislature at the coming session.

STORY OF REGISTRATION IN SASKATCHEWAN

By Jean E. Browne, Regina

On March 17th, 1911, a mass meeting of the Graduate Nurses in Regina was held to discuss forming a Graduate Nurses' Association for Saskatchewan. The following week a second meeting was held, and officers were elected. From the time of organization this Association regarded Registration of graduate nurses in Saskatchewan as the prime object of its existence.

For some time the activity of the Association had its only channel in reading and discussing Bills of Registration planned out by other Graduate Nurses' Associations, and it was not until the following October, when Miss Mary Ard. MacKenzie gave a most enlightening address on Registration, that steps were taken towards framing a proposed Bill for Saskatchewan. At Miss MacKenzie's suggestion, the Association appointed Miss Grace Cooper, R.N., Superintendent of the Indian Head Hospital, and Miss Jean Browne, of Regina, to form a committee for the purpose of drawing up a proposed Bill. To Miss Cooper accrues the credit of this Bill, which was formally read by her at the First Annual Meeting, held in Regina in April, 1912. The Association decided unanimously that this proposed Bill was an excellent one.

For some time after this things were at a standstill, as the Regina Nurses felt they could not go on with this Bill without the support of the Nurses in Moose Jaw, Saskatoon, Prince Albert, and other towns having incorporated hospitals. As a matter of fact, too, the majority of private nurses in Regina seemed indifferent about it.

It was most opportune that in November, 1913, Miss Mary Ard. MacKenzie again came to Regina, and as a result new efforts have been put forth regarding this Bill. Some changes were made in it, and quite recently it has been handed over to an eminent lawyer in order that it may be correct in a legal way.

Copies are to be printed and sent out to the large Nursing centres in the Province. It is to be hoped that the Nurses in various parts of the Province will win over their respective Members of Parliament, so that when the Bill is introduced into the House in the fall there may be no opposition to it.

SOME ADVANTAGES OF REGISTRATION

By R F. Ashcroft, Brandon, Man.

An important question among Manitoba nurses to-day is that of Registration. Many graduate nurses throughout the Province have forwarded their applications to the Registrar of the University of Manitoba, so that they may secure their R.N. degree with the least possible delay. Others who have graduated since the passing of the Act are preparing to go to Winnipeg in September and take the written examination. On the other hand, there are many who contend that they do not see wherein they will benefit by Registration, and who seem quite content to continue in their profession as they are.

The benefits of Registration will be many. Chief among these are: Protection to the nurse, and educational advantages. Following these will come Strength, Enthusiasm, and Success.

By becoming a member of the Provincial Association of Registered Nurses, the individual nurse will gain protection. Such an Association will aim for higher standards and ideals, and thus the whole profession will be placed upon a higher plane.

The Provincial Association will give educational advantages because through this organization the members will be enabled to keep in touch with advanced methods. Nurses from widely separated training schools will become members of the Association, and in meeting those who possibly have had better advantages in the nursing world, are stimulated to compete with them. The nurse who never mingles with her fellow workers will in time become narrow-minded and discouraged.

We can never get anything out of any organization unless we give our best to it. By becoming a Registered Nurse, and a member of the Manitoba Association of Registered Nurses, we will surely give of our strength and enthusiasm for the betterment of the profession. We will be helping in the formation of an organized nursing force, and that means more efficient service to the sick, as well as the uplifting of our profession.

THE GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA.

By E. M. Pemberton

The organization of this Association, as elsewhere, no doubt, has been the result of a combination of circumstances.

During the past decade the professional nurse of Nova Scotia had been handicapped by an unequal and unjust competition.

The American nurse graduated from some small special hospital or correspondence school of nursing; an English maternity nurse, with six months' training, or a discharged probationer of a local insti-

tution, might all enjoy the privileges of a central registry in Halifax, conducted on unofficial lines.

Nursing homes could be instituted and conducted by uncertified or untrained persons. There was no one to dispute their claims.

Graduate nurses were keenly aware of this menace to the public, injury to training schools, and detriment to the value of their diploma. But how to combat the evil was difficult to decide.

To make individual or personal accusation would create friction and prejudice—an unpopularity that a private nurse could ill afford.

An incident occurring at a Nova Scotian institution, to which the so-called "trained nurses" were frequently supplied, awoke the suspicions of the matron, Miss Pemberton. Her sympathy was enlisted, and she very willingly agreed to remain in Nova Scotia to render service to any organization which graduate nurses of the province might consider desirable. This led to the establishment, in 1908, of the Halifax Private Hospital "Restholm," under the superintendence of Miss Pemberton and Miss M. B. McKeil, a graduate of the Halifax Victoria General Hospital. "Restholm" has since maintained the offices of the Graduate Nurses' Association."

Superintendents of institutions throughout the province were communicated with, and co-operation and suggestions invited. From two hospitals only no response has yet been received (St. Joseph's, Glace Bay, and the Brooklands, Sydney, C.B.). In every other instance cordial encouragement was offered, and very valuable advice rendered by such veteran organizers as Miss G. Pope, R.R.C., matron of the Military Station Hospital, and Miss Violet Kirke, the persevering and progressive superintendent of the Victoria General Training School.

MRS. H. D. FORREST

Honorary President Nova Scotia Graduate Nurses' Association. (Miss Frances Thomas, Graduate of Victoria General Hospital, Halifax, N.S.)

A preliminary meeting was held in April, 1909, and in May the first regular monthly meeting of the association, at which the names of eight graduate nurses were enrolled, was held. Rules were adopted, an annual meeting date fixed, and general business transacted. Miss Kirke was elected secretary, and Miss Deacon (who shortly afterwards resigned in favor of Miss McKeil), treasurer. Miss Pemberton agreed to act as chairman until a Nova Scotian nurse of personality and popularity could be found to accept the presidency. The provincial vice-presidents elected were Miss Sheraton, superintendent of the Aberdeen Hospital, New Glasgow; Miss Sampson, matron of Mount Hope, Dartmouth (the second hospital for the insane in Canada to establish a training school for nurses); and Miss Kirkpatrick, of Windsor.

The present honorary president, Mrs. Forrest, wife of Dr. W. D. Forrest, and so popularly known formerly as Miss Thomas, a graduate and charge nurse of the Victoria General Hospital and superintendent of the local branch of the Victorian Order, was the first President elected, and the Association owes much to her tactful influence and cordial interest. Through the faithful and unwearying services of Miss Kirke and the courtesy of Mr. Kenny, Superintendent of the Victoria General Hospital, the annual meetings have been held always at the Nurses' Home, and many other benefits have been conferred.

The question of standard and of membership qualification, being an early difficulty, legal advice was solicited. The executive committee had the good fortune to obtain the services of Mr. McInnes, K.C., through whose invaluable administration and generosity an Act of Incorporation (April, 1910) was obtained and by-laws framed, which have been referred to as an ideal constitution—being broad enough to make provision for the admission of every graduate nurse in the province, by virtue of her qualification or by examination.

This constitution, together with the control of the register for private nurses, places Nova Scotia in the unique position of being almost entirely independent of State registration. Such is the brief history of this five-year-old association, organized in the face of prejudice and discouragement. The antagonism and disasters foretold have proved false prophecies. Since its earliest institution the association has had the loyal support of the medical profession, and the Provincial Medical Society has representation on the examination board and on the administration committee of the Nurses' Sick Benefit Fund.

The names of sixteen graduate nurses were published on the first list issued by the association register. The number has been increased this year to seventy, and the demand for private nurses still exceeds the supply.

Fees may be smaller and salaries less liberal than in other provinces, but there are many who count it a privilege to work in Nova

with the generous and broad-minded nurses of Nova Scotia and New Brunswick. The harmony and good-will abounding are an appreciated blessing.

WHY NEW BRUNSWICK NEEDS REGISTRATION FOR NURSES

By M. D. Richards, R.N., Fredericton

New Brunswick needs registration for its nurses to protect them. Half of the nursing in New Brunswick to-day is done by untrained women, or women who have spent from three to six months or a year in some hospital or training school, and for incompetency, lack of education, or misconduct, have been dismissed.

We wish distinction just as much as the medical man does from the so called quack.

Registration cannot help being a benefit to all nurses. It tends to elevate the profession as well as the individual nurse. It is the one and only way the public can be protected in its rights.

People soon learn that R.N. stands for competency. Registration also tends to elevate the standard of our training schools by requiring a certain amount of preliminary education.

We want Registration that we may have co-operation. Through co-operation must come the strength, unity and power that will bring higher success.

We want co-operation that we may maintain a standard of ethics that is not measured by the dollars we earn; that we may attain higher ideals, and that our profession may be an ever-increasing power for good, a comfort and blessing to humanity, a credit to ourselves, and an honor to that high calling to which we have dedicated our lives.

REGISTRATION FOR NURSES

By Mary Ard. MacKenzie, R.N., Ottawa

When we begin to write on the above subject it seems almost like an unpardonable repetition. So much has been written, so much read, so much lectured on it, and still where are we? There is no doubt in our minds as to why we wish Registration: To distinguish the graduate nurse from the untrained or partially trained woman, and to establish a Standard Curriculum for our Nurse Training Schools. We know the length of the course we recommend—three years. We know what subjects should be taught and how. We, as logical beings, know that nursing affairs should be managed by nurses—that the Council should be composed of nurses. We are quite sure that as professional women we wish to be fair to all, and so should have it arranged that just treatment be meted out to the "Stranger within

our gates." We are perfectly sure about what fee should be charged for examination and registration, and yet only one province has its Bill, and how satisfactory is that Bill?

Now, let us for one moment tell you a secret—Registration at its best is merely a bolstering up of a system which is radically wrong, and no satisfactory plan can be evolved until the training of our nurses is put on a sound, educative basis. The training of the nurse at the present time is merely a means of procuring cheap nursing in the hospitals.

The education of the nurse should be provided for in our Provincial educational systems—and that implies registration. Every woman who wishes, and who has the ability, should be able to procure training in every branch of nursing. After all these years, and after all the flowery speeches that have been made in public about us and our "noble profession," there is not a place from the extreme East to the extreme West of this wonderful country, nor yet up North in the Yukon, the Cariboo, nor at the North Pole, where a woman can receive a real training in Hospital Administration, or in the teaching of nurses! And what about Social Service, Sanitary Inspection, and so on?

Now, let us pause and think for one moment of what the trained nurse might have been had her training been arranged on proper educative lines at the beginning. And, though this "might have been" is the "saddest of all words," as the poet tells us, let us take that one retrospect, and then with "not a look behind" press on and say with the whole force of our nature—this must cease, we must and will have a truly educative course arranged for the women who wish to train as nurses. Nurses and only nurses can bring this about, and we who love our profession should see to it that such courses are offered, that the very best women will be drawn to the profession, and properly trained women will be available for all branches of the service. Then the sick, the unfortunate, the poor, the needy, and the broken will be cared for in a far better way than they are now. Let us be perfectly honest: We are not satisfied with the service which is being given by nurses. We know there is a great deal of room for improvement: it is all in our hands—ours is the woman's profession. Should we not be seeing to it that our house is being put in order? When that educative course is arranged, when each nurse has her certificate registered in the Educational Department, what need for further registration? Registration on those lines is what is needed, and what we should strive to secure.

Meantime—and let us hope that "meantime" will be very short—Bills of Registration will do something, but it must be remembered that all such means are merely of temporary benefit.

ARMY NURSING.

A special meeting of the Ottawa Graduate Nurses' Association was held at the club rooms on Saturday evening, August 8th. The President, Miss Grace Moore, presided, and introduced Colonel Jones Director-General of Army Medical Services, who gave an address on "Army Nursing," explaining the role of nurses in connection with army work. "Active service work," he stated, "is extremely severe. A very large proportion of regular nurses are totally unfit, physically and mentally, for it." In explaining the position of the medical corps on the field, the colonel said that the trained medical officers are first in line behind the fighting troops, at a distance of perhaps two miles, and they give first aid. Here the field ambulances are used and there are no female nurses. Just behind the ambulance is the first hospital, known as the clearing hospital, and representing one of the units. This takes in as many as 200 patients, but there are no female nurses and there are no beds. The stationary hospital is next with 250 beds. Here there are nurses and modern hospital equipment one matron and sixteen nurses representing two units. The next hospital in line has accommodation for 500 beds, and that number is often increased to as many more. This hospital will have one matron and 72 nurses. Then there is the hospital ship, which has one matron and 8 nurses. Lastly, there is the ambulance train, which will probably have two nurses. One hundred and thirty-six (136) nurses, the colonel said, will be taken with the first contingent, and of course the nurses of the army medical corps will be given first choice. In Canada there are two training schools for army medical nurses, one at Halifax, the other at Kingston. In connectionn with the Canadian militia there are (90) ninety nurses. They go to camp with the regulars and thus get a practical training in field work. These nurses on graduating receive the title of lieutenant, and are the only nurses in the world to receive this honor. The permanent service nurse, of whom there are six in Canada, receives a salary of $1,219 per annum, the matron receiving $1,439. An active service nurse is paid $2 per day and an army allowance. The first qualification for an army service nurse is physical fitness, that she be under 38 years of age, and that she be a graduate in good standing of a Canadian training school. The Red Cross renders aid to the nurses, but they are not necessarily trained nurses.

It was expected that Miss McDonald, the head of the Kingston Training School, would have been present, but she was unable to reach the city in time.

Miss Charleson, Head Nurse of the Private Pavilion, Toronto General Hospital, who had been sent to Ottawa to secure information from Headquarters, was present.

A vote of thanks to Colonel Jones was moved by Miss Grant and

seconded by Miss MacKenzie. The attendance was very large, showing the keen interest being taken in the movement.

CHILD WELFARE.

Madam President and Teachers,—

It is a privilege to be able to speak to you this morning on Child Welfare work. We look upon the teachers as a body of women who are doing a very great work for humanity.

"The most important of all the nations' resources is the health of the people."

The most valuable asset in this capital of national vitality is the health of the children."

"The public school is the most effective agency of the nation for the conservation of child health, and in the long run the school will become the most influential factor in the conservation of national health as a whole."

In the past the schools, even under the most favorable circumstances, have been, to some degree at least, directly dangerous to the health of the children.

The problems which have arisen out of the great health movement of the present day are many and varied.

Many of the most important of these are related directly and indirectly to the work of public education, in which the teacher, and the nurse possibly, take first place. We make a fairly good team.

The introduction of the graduate nurse into public education has been rapid and almost dramatic.

If we wish to inculcate in the child practical motives and habits of healthful living, and to provide instruction adequate for the present and future needs of the pupil in relation to conduct affecting the health of the individual, the home, the community and the nation, we must begin teaching him in the public schools.

While most of the practical care of the baby relates to his physical life and needs, yet the mental and moral education of the child begins from the time of birth.

The most important part of education, in some respects, occurs before the child is old enough to enter kindergarten or school.

The girl of to-day is the wife and mother of to-morrow, and should be taught the physical, intellectual and moral beginnings of child development.

"The saving of life and the preservation of health offers greater value to Canada than can be gained in any other way.

"Governments must conserve the health of the babies and children, if they are looking to the future of Canada."

Child Welfare means happiness, success, and the greatest of all blessings, perfect health; no child can be happy if not healthy.

Upon the training of the children now rests the future (whether for weal or woe) of our nation.

There are a great many phases of Child Welfare: Pre-natal care, care of the young infant, and the "run-about."

The proper way of bathing, dressing and feeding. As the child grows older his wants increase, and let us hope the means for healthful amusements, as well as educational advantages, are provided, if not by the parents, by the State.

Dr. Helen MacMurchy says: "We are only beginning to think scientifically of the problem of infant mortality; the significance of lactation and maternal feeding."

In New York City, 42 out of every 100 children died before reaching the age of 2 years. These children were in institutions.

We see how very necessary it is that all children should be breast-fed, if possible, for the first nine months.

Should any of you be called upon to render first aid to the new-born babe and the mother, as soon as the child is born wash out the mouth and eyes with a boracic solution (one teaspoon to about three-quarters of a cup of water). When the cord has ceased pulsating, tie firmly with white thread or tape about two inches from the child's abdomen, sever with a pair of blunt scissors, place the child on his right side in a warm receiving blanket, and lay him in his crib or basket.

We now turn our attention to the mother. The placenta should be expelled in about 20 or 30 minutes, after which wash the mother, using warm sterilized water with lysol as a disinfectant: make her clean, dry, warm, and let her rest.

Now comes (possibly the future Prime Minister) the baby. He must be bathed and dressed in a warm, draughtless room. First give him a little rub with olive oil or vaseline. Should neither be available, a little clean lard will do.

Warm water with a little castile soap. We shall soon see how this work is done.

(Miss Murrey bathed and dressed a real live baby.)

The cord is dressed usually with boracic sal. and alcohol. Cut a hole in the centre of a piece of sterilized gauze, slip the cord through and cover with clean gauze or absorbent. Then put on the binder and other clothing.

Feeding: The infant may be put to the breast not later than six hours after birth. Note the time when the nursing commences and stops. No infant should nurse longer than twenty minutes. If an infant nurses thirty or forty minutes then we may be sure the breast milk is deficient in quantity. A specimen should at once be submitted for a proper chemical examination.

When there is a deficiency in the quantity of breast milk, but the quality is good, it is advisable to feed the infant alternately with breast milk and bottle milk. At the same time it is advisable to direct attention to the mother's general condition. She (the mother), may be anaemic, but fresh air with moderate exercise will stimulate and increase the flow of milk.

"Every drop of breast milk is so precious that no infant should be deprived of it."

The diet of the mother who is nursing should be nutritious and easily digested—milk, eggs, cream, cheese, nuts, gruel and meat once a day, with fresh vegetables.

When artificial feeding has to be resorted to, flour ball feeding is highly recommended.

Plain wheat flour is boiled in a bag for five hours, then baked in an oven until perfectly hard and dry. After cooling it is broken open, the rind rejected and the remainder grated into a powder.

Feeding: Scalded milk, half a pint; sterilized water, one pint; grated flour ball, one heaping teaspoonful.

The milk is placed on the fire and heated, the flour rubbed into a paste with the water and added to the milk. This is brought to boiling point, taken from the fire and set aside to cool. Then place on ice, and finally add enough raw milk to make two pints in all.

For a child one month old, two ounces is given every two hours during the day and every four hours at night, say at 10, 2 and 6. Increase half an ounce every month.

For a child six months old use the following: Flour ball, one teaspoonful; rice water, 4 ounces; raw milk, 4 ounces; granulated sugar, one teaspoonful.

Rub up the flour ball with a little rice water and gradually add the full quantity. Add the sugar and lastly the raw milk. Heat to a temperature of 150 Fah. for two or three minutes. Should the child appear hungry after the bottle, the milk may be increased and the rice water decreased gradually one ounce at a time until full milk is given.

The guide for increasing the food should be a yellowish, pasty condition of the stool, the increase in weight and the absence of colic.

It is unwise, however, to set down any hard and fast rules for feeding an infant. The food that suits one baby splendidly will not do for another at all.

And now, ladies, we come to the finish. Florence Nightingale once said: "What is slow in more senses than one is the 'eternal lecturing.'" The only words that stick are the words that follow work. The point is not, are the people interested in the lecture (or talk), but did they practice the lecture in their homes afterwards?

I trust you may all some day become happy wives and good mothers, and let us hope you may not need to make flour balls to feed your babies. ANNIE ANDREWS.

MASSAGE.*

By Miss Turner, McKellar Hospital, Fort William

The term "massage" is taken from the French and means to knead. Massage is the scientific manual application of certain movements, such as light stroking, technically spoken of as "effleurage," deep kneading as "pettrisage," and stimulating movements, these applied to the human body relieve morbid conditions of the tissues. The beneficial results of such manipulations were well known to the inhabitants of Eastern countries, and ancient documents testify to the fact that massage was practised there many years before the birth of Christ. We read that at the commencement of the Christian era, as well as antecedent to that time, celebrated Greek and Roman physicians prescribed the treatment for their patients, and that Plato classified the movements as being either active or passive. Massage is known to have been employed on the Continent for some centuries, but its practice in England dates only from the beginning of 1800. The present system owes much to Professors Ling, Meyyer, Amsterdam, Von Mosengeil, Klein and others. Professor Ling was a native of Sweden. He lived from 1776 to 1839, and it was he who elaborated the Swedish medical gymnastic system and introduced it in Stockholm in the year 1813. The writers, amongst others, who have contributed largely to our scientific and practical knowledge of massage are Drs. Weir, Mitchell, Playfair, Eccles, Ostrom, Murell. In a preface of Dr. Stretch Donse's latest book, he says: "This book has now reached the sixth edition; the author therefore concludes that these lectures have a justifiable place in the medical literature of this country. Since their first publication a great and increasing change has become evident relative to the value of massage as a remedial agent. It now forms part of the armentarium of every hospital in the world. Every person engaged in the application of massage and electricity should not only be certified but registered by the state." Other interesting books for those wishing to extend their knowledge of the subject are by Doctors Klein, Bennett and Graham Douglas.

The practice of massage should only be undertaken by educated persons who, both by nature and training, are qualified for the work. The natural qualifications are: Health, soft, dry, well covered pliable hands, a sympathetic touch. There is a very great deal in touch, as you know, and some women are born masseuses as others might be born

*Address to the Graduate Nurses' Association of Thunder Bay District.

musicians; it is interesting to note, in a number of students learning massage, the difference in the type of hands and how they go about it, all are awkward at first, but one soon knows who is gifted for this class of work. Trustworthiness, refinement, kindliness and tact are great essentials. One learns from experience, so very much depends upon the personality of the masseuse as to her success. The many highly sensitive, highly strung patients one has to deal with call for great care and knowledge; for your patients to feel that they can absolutely rely upon you gives them great comfort and brings happiness to the masseuse. The training should include thorough instruction in elementary anatomy and physiology, theory of massage, practical massage, remedial exercises, electrical currents and bandaging.

Massage, like other professional work, has been abused, consequently some years ago it was decided and passed to have a registered certificate. A council was formed, called the incorporated society of trained masseuses, in London, England, and they hold examinations twice each year. There are three to attend, namely, the written, which is morning and evening of one day. The questions for this may be—describe the spinal column, the knee joint and muscles that go to make up this joint; describe a certain plexus of nerves; Weir Mitchell treatment; how would you treat for constipation, also treatment for spinal curvature, including exercises; professional attitude of masseuse to medical man. Then there is the viva voce, which only lasts about ten minutes, in which you have a large number of questions to answer. There is a skeleton and you may have to fill the cavity, etc., put on muscles, giving their origin, and insertion. There will be bones to describe, and a model for the examiner to ask any questions such as nerve tracing, flexion, extensions, etc. Then there is the much-dreaded practical; first room, allowing a half hour, general massage, with questions such as—what muscles are for working, or how? Why do you do that movement? Great notice is taken as to how you go about your work, and a good manager makes a lot of difference to your number of marks. Then there are the special rooms, first, perhaps, for spinal curvature, which is of course difficult work and one that must be thoroughly understood; then probably fractures. You must get a certain number of marks to pass, and it is a few weeks before you hear the result or get your certificate. This, as you see, insures to the general public good work for which good fees are demanded, also the medical men know if masseuses are incorporated you are to be trusted and your work is of the best. Before you are entertained for examination you have to fill in the necessary forms—who is preparing you, if a private college or a hospital, and many other things, also two private references outside the hospital world.

I have dwelt on the training of the masseuse somewhat at length, but mainly to point out the high standard that massage has reached. All the large general hospitals have a massage sister. The work is arduous; nurses train in this branch of work, with thirty to forty cases each day, and more often than not the electrical department, and there is always a large number of out-patients under treatment.

The best way for a nurse to train in massage would be in a special hospital, where there is every opportunity for her to have a thorough training in all kinds of nervous diseases, in electricity, in every detail, Nauheim treatment and many other things which prove invaluable. She will have to work very hard for a year; very little money is given and there are many expenses, but she reaps the value later on. There are numbers of masseuses with small certificates going about with a very limited knowledge of the work. Abdominal cases you, as nurses know, must have experienced handling and I have had most interesting cases and been able to do a lot of good work in this line. In cases of paralysis, especially anterior polio myelitis, galvanic or faradic currents nearly always have to be given, in myelitis most carefully as to strength and duration. Medical exercises form a very important part of the work, especially in spinal curvature, and one must quite understand the physician's diagnosis as to whether it is right or left curvature, and carry them out accordingly. A gifted masseuse is undoubtedly a great help to any specialist or doctor; the great thing is to have instructions carried out intelligently and efficiently, by working together on the cases.

First of all there is general massage, that is massage of the body and limbs, taking an hour, forming an important part of Weir-Mitchell treatment. Massage is given according to the condition of the patient. It may be for nervous breakdown, with light treatment at first, increasing each day. The patient should have as much good, nourishing food as he can take, the object being to build up the nerve tissues that have become so wasted. I have seen some splendid results from rest cure, having been a resident masseuse in a Weir-Mitchell nursing home in the Isle of Wight. Some of the specials are: Fractures, massage ordered according to state of limb, sometimes on the second day, or it might be after a week or ten days, it relieves the spasm and swelling, passes on the diffused blood causing discoloration, the very careful exercises prevent adhesions and shortening of the limb, and the patient is about sooner. Sprains are greatly benefited, which is easily understood, after my latter remarks. In spinal curvature, with special exercises, according to the severity of the case, the new creeping movements by Dr. Kel-

lett Smith are excellent, and massage to strengthen the back muscles. In acute heart cases, massage is ordered to relieve the swelling and discoloration of limbs, also the distention of the abdomen caused by inactivity and obesity, with very gradual exercises, the pulse being taken frequently. The Nauheim treatment and the Schott exercises are being given now for heart cases with marked results. In constipation, due to a weakened condition of the abdominal muscles, with a loss of peristaltic action, thoroughly good deep massage is prescribed to make muscle and strengthen it, and to renew vitality and encourage peristaltic action. The lumbar region is massed and stimulating movements given with exercises. Massage is given abdominally for many things, after operations and confinements, in colitis, after saline injections have been discontinued, sometimes before, in diarrhoea, and for dyspepsia, with deep breathing exercises.

For flat foot, where the muscles of the inner arch have dropped, the treatment is massage, with stimulating movements and special exercises to contract and strengthen the over-relaxed muscles. The value of a knowledge of anatomy shows itself here. The flexors are weakened and the peronei muscles are contracted, consequently the work rests upon strengthening the weakened muscles and stretching the contracted.

Sciatica, as we all know, is exceedingly painful. Radiant heat is most effective for this in the acute inflammatory state and nerve stretching, a little later on, massage. There is usually nerve contraction, and massage and exercises will relieve this. Neuritis would be treated very similarly. Synovitis is treated successfully, also all kinds of paralysis, with electrical currents, and also writers' cramp, loss of power of the arm and hand muscles through overwork causing extreme pain. In insomnia, this treatment, given last thing at night, generally assures the patient a considerable amount of sleep. Massage is also useful in cases of stiff and contracted joints caused by rheumatism, in torticollis, or wry neck, congested liver, and many other affections.

You will agree with me when I say that there is much in the training of the certified masseuse, and that the work, well carried out, is deserving of the high standard it has now reached.

The lecture was made still more instructive by illustrations, which were passed around, showing appliances for "radiant heat," and other therapeutical installations used in cases of rheumatism, gout, sciatica and other diseases, and showing also the new "high creeping exercises," introduced by Dr. Kellett Smith, for lateral spinal curvature.

Editorial

THE CALL TO BE READY.

When war seemed inevitable, but before Great Britain had declared war, the Canadian National Association of Trained Nurses, through its President, Miss Wright, New Westminster, B.C., and its Secretary, Miss Gunn, Toronto General Hospital, offered its services in case of need. Sir Robert Borden wired his appreciation and thanks. Lieutenant-Colonel Jones, Director-General of the Canadian Royal Army Medical Corps, who was also communicated with, sent the Secretary all necessary instructions.

Miss Gunn immediately set to work to get the nurses enrolled. Every Provincial Association was notified of the action of the National, and in a very short time a large number of requests for enrollment were received.

There are seven Militia Headquarters in Canada. Halifax is the Headquarters for the Maritime Provinces; London, Toronto and Kingston, for Ontario; Montreal, for Quebec; Winnipeg, for Manitoba, Saskatchewan and Northern Ontario, and Esquimalt for British Columbia and Alberta. At each of these Headquarters a member of the National Association is busy enrolling the nurses of the district—Miss Kirke, Victoria General Hospital, at Halifax; Miss Hersey, Royal Victoria Hospital, at Montreal; Miss Donihee, Hotel Dieu, at Kingston; Miss Gunn, Toronto General Hospital, at Toronto; Miss Stanley, Victoria Hospital, at London; Mrs. W. J. Hill, at Winnipeg, and Miss Wright, at Esquimalt. Miss Grace Moore, Ottawa, is assisting Miss Donihee. The Provincial Associations are rendering all possible aid. In each Province the Provincial Association vouches for the applicants from that Province.

The response has been good, a great number of names being on file awaiting application forms. As soon as these forms are sent to each Headquarters from Ottawa, they are forwarded to the applicants. Each applicant fills in the form, gets the required certificates, and returns the form to the Nurse-in-charge at Headquarters. The applications are all forwarded to Lieut.-Col. Jones, at the Militia Headquarters, Ottawa, who selects those who are to be called to service. The Nurse-in-charge at each Headquarters sends a list of the applicants each day to Miss Gunn, the Secretary of the National Association. In this way the National Association knows definitely how the work is progressing.

The nurses of Canada have demonstrated their patriotism by enlisting in large numbers, and the National Association is deeply grateful for such a hearty response to its call.

THE CONVENTION AT HALIFAX.

The fourth annual meeting of the Canadian National Association of Trained Nurses, held in Halifax, N.S., on July 10th and 11th, 1914, was the most representative meeting in the history of the Association. There were delegates present from every Province but one in Canada, and a delegate from St. John's, Newfoundland.

That the nurses of Canada are beginning to realize their privileges as members of the National Association and also their responsibilities to that organization, was apparent in the keen interest taken in all the questions that came up for discussion. The result of these discussions should be a still more keen interest next year, for when the delegates report to their respective associations, the nurses of Canada will have a clearer idea of the problems that confront the profession, and will doubtless be enthused to help in their solution.

The Association decided to take advantage of the proposal of the editor of "The Woman's Century" and become responsible for the material for a department of nursing in that magazine. This is fitting and right, for "The Woman's Century" is a national magazine devoted to work for women by women, and the nurses are anxious to take their place with the other women of Canada in promoting the general welfare.

The new executive was empowered to appoint a committee to arrange plans for taking over The Canadian Nurse. The Association at present has no funds for this undertaking. It therefore devolves upon the associations forming the membership of the National to furnish the means that will make this step possible in the near future.

Canada's share in the Nurses' International Memorial to Florence Nightingale also came up for discussion. Every Association of Nurses in Canada, indeed, every individual nurse, should esteem it a privilege to help in the establishment of this memorial. The president of the National Association will announce her plans next month.

As we hope to publish a complete report in a later number we will not anticipate further, but we do hope all nurses will read the report with attention, note the work done, and then seriously set to work to help further the aims of the National Association and so make possible the realization of its ideals.

A report of the eighth annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses will appear in the October number.

THE HOSPITAL SHIP.

The women of Canada have set themselves to raise the money to equip a Hospital Ship for the use of the British Admiralty in the present war. The time set was limited, but the women everywhere are

working with a will, and more than the required amount ($100,000) will doubtless be raised.

The nurses are taking their place in this work and are sending generous sums to the treasurer of the fund. We are not in a position to give definite information as to the amounts contributed by the nurses in the different centres, but we are sure all are bearing their share. The nurses—graduates and pupils—of Toronto, handed over twelve hundred dollars to the Treasurer, and they are to add to this. We are satisfied that the nurses in other centres can give a good account of themselves, too.

"That I may be of service" is the nurses' motto, and they are ever ready to live up to it no matter in what form the call comes.

If the Hospital Ship should not be needed, the fund is to be devoted to caring for the sick and wounded in a military or naval hospital on land.

THE JANE A. DELANO PRIZE COMPETITION.

There is a special form of "notification of shipment" to be filled out by those taking part in the Jane A. Delano Prize Competition. These forms may be obtained from the Chairman of Arrangements Committee, Panama Exposition, San Francisco. The terms of the competition appeared in the August issue. We hope that Canadian nurses will consider this competition and send their inventions for exhibition. They may not all obtain prizes, but all will help to add interest to the exhibit.

REGISTRATION FOR NURSES.

The story of Registration as told in this number shows that the nurses of Canada are realizing the need for Registration and are setting themselves more earnestly and unitedly than ever before to secure it.

Only one Province—Manitoba—has an Act of Registration. As the Act appeared in The Canadian Nurse in June, 1913, page 370, we have not reproduced it in this number. A paper dealing with the whole subject, and giving results so far realized, was read at the convention in Halifax. This will appear in the report of the Canadian National Association of Trained Nurses in a later issue.

There is much yet to be accomplished, but the nurses of Canada are developing a professional spirit and realizing more and more that "United we succeed," and it may not be long before we publish other Acts of Registration even better than the one already in force.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL.—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

"We have been thinking very much of two of our members this month, Alice and Mary Riddell. Alice, who was for over seven years nurse on the 'Empress of Ireland,' went down with the ship. A splendid character as nurse, and a faithful member of the Guild. Through the nature of her work not able to attend many meetings, but always a true and firm friend, doing kindly actions that will never be heard of. She always wore her Guild medal, which was found on her body, and has been returned to her sister. What her fellow-passengers thought of her was shown in a small measure by the beautiful anchor sent on the day of the funeral, with only the words, "For Nurse Riddell —from the survivors." She has gone before, leaving us an example we shall do well to try to follow. Our deep sympathy is with her sister Mary, who was expecting her back so soon in her usual health and strength. It was a comfort to her to know that Alice was remembered at the celebrations in London and at St. Margaret's, on St. Barnabas Day. M. P."—*Misericordia.*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-Pres., Mrs. W. S. Tilley, 157 William St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hosp., Toronto; Mrs. MacConnell, 514 Brunswick Ave., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Mrs. I. P. MacConnell, 514 Brunswick Ave., Toronto.

A special meeting of the Executive was called for Friday, August 7th, to consider changes in the By-Laws to meet the needs of the Chapters. Copies of the proposed changes will be mailed to all members. A large number of applications for membership were received and accepted. The Annual Meeting will be held on Thursday, September 17th. This will enable those who wish, to attend the meetings of the Canadian Association of Charities and Corrections, on Wednesday and Friday.

Delegates please attend: Purchase single fare railway tickets to Toronto, and ask for convention certificate. It will then be possible, by registering with the Canadian Conference of Charities and Corrections, to secure reduced return fare.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

GOOD CHEER

Out of the soil,—
  The lily;
Out of the ooze,—
  The pearl!
Up from the mortal
  Soars the immortal;
After hell's battle
  White flags unfurl!

God's here in His world,
  And the cross stands for hope in redeeming.
Far o'er the sad earth
  Heaven's radiance forever is streaming.
Therefore, my soul, be true
  And undaunted;
Never by ghosts of old fears
  Be thou haunted!

Right is right—and not might.
Truth is truth;—and not sheets.
Love is love,—dry the tears.
God is God;—face the light!

—Wayfarer.

One of the most important problems in the public health campaign is found in our rural districts. The importance of this branch has been emphasized by the Victorian Order of Nurses for some years, and, through their Country District Nursing Scheme, they feel that they can do much. The scheme has been outlined many times in this section, so it need not be repeated again. But I wish to draw attention to several important facts in this connection.

Not every nurse is fitted for country work, and here, as in no other branch of nursing, to the same extent, is it imperative that the nurse love this work and throw her whole self into it, for only to such do the wonderful possibilities of the work unfold themselves. The nurse goes to the community not only as a curative agent, but as a preventive agent, an educator, a comforter, and, best of all, a friend. She it is who is with the people in the great crises of their lives, and she is nearer to them than any other person. That in itself is a consecration. She knows the people in their homes, the children in the schools. She sees what they lack, in what way they may be benefited, and gradually, after she has studied the community, "felt its pulse," as it were, she will arrange a mothers' meeting, where the mothers will bring the babies, and there will be a simple talk on the care of babies, the feeding of them, the bathing and dressing, and so on—a talk not too didactic, illustrated by little stories from life; then general discussion, a social time over a cup of tea, and then home. Or, she will gather the girls of the district together and give them simple talks on anatomy, physiology, hygiene, home nursing, and the care of baby. Sometimes she can arrange physical culture classes, sometimes cooking classes and other classes in domestic science.

What she must do is see what is needed and then work out the best plan to secure that. For that purpose, she should use all the local

agents and agencies she can and press into service all those who have had special training or advantages in any line required. In many of our country districts we have graduates from domestic science schools, those who have had good courses in physical culture, those with musical ability, etc., all of whom would be glad to be used and would certainly be invaluable in this kind of work.

So, who we must have for our country nursing are women of broad culture, of broad sympathies, filled with a love of humanity, well-trained and skilful in their profession, and able to impart their knowledge to others.

Put a woman like that into a district and the results are good to behold: put in one with no initiative—and I need not say what happens!

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 206 Spadina Avenue, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

THE CANADIAN PUBLIC HEALTH ASSOCIATION.

The fourth annual Congress of the Canadian Public Health Association will be held in Fort William and Port Arthur on September 10, 11, 12, 1914. The programme is most comprehensive. No phase of public health or welfare work has been overlooked. The Convention will yield a fund of information to those workers who are privileged to attend. All nurses who can possibly arrange to be present will find themselves amply repaid. A thorough knowledge of public health matters is no mean equipment in these days, therefore do not miss this opportunity to learn.

COURSE FOR SOCIAL WORKERS.

The provisional prospectus of the courses of training for social workers organized by the University of Toronto will be interesting to those who desire instruction in this special department of welfare work. The course is arranged to suit the workers in the different branches, and should prove very valuable. There will doubtless be many who will gladly avail themselves of this opportunity for instruction.

HOSPITALS AND NURSES.

British Columbia.

At the Teachers' Summer Course in Victoria, Miss Andrews gave an interesting paper on "Child Welfare," which appears on another page, and Miss Murrey demonstrated washing and dressing the baby. On the following day Miss Andrews gave a paper on "Accidents and Emergencies, and Miss Wallice demonstrated bed-making, poultices, plasters, etc.

Miss Wallice, of Vancouver, is in Victoria, and will take charge of the Victoria branch of district nursing in that city.

Miss Deacon, who has charge of the training home in Vancouver, purposes holidaying in Victoria, B.C.

Miss Snell, of Vancouver, has accepted a position in Winnipeg on the staff of the V.O. in that city.

Miss Margaret Walker, graduate of Guelph General Hospital, has been doing private nursing for some time in Vancouver. Miss Walker and Miss Scott, graduate of University Hospital, London, England, have recently started a private hospital of ten beds. Medical, surgical and obstetrical cases are received.

Ontario.

On July 8th, at the Ottawa General Hospital, a quiet celebration was held in honor of Rev. Sister St. Denis. This most capable and devoted nurse has completed her twenty-fifth year in the order of the Sisters of Charity and her many friends were delighted to offer congratulations and best wishes.

Sincere sympathy is extended Miss K. Byrnes (O.G.H.) on the recent death of her younger sister.

Miss I. MacElroy (O.G.H.) is spending the summer vacation with friends in Grenville, Ont.

Miss Turcotte (O.G.H.) is spending a short holiday in London, Ont.

Miss Brockie, graduate of Grace Hospital, Toronto, Class 1898, has left Edmonton and gone to Los Angeles, where she expects to remain for an indefinite time and follow her profession.

Miss Rowan, superintendent of nurses, Grace Hospital, is spending a month's vacation at Grand Rapids.

Miss Cunningham has returned to Toronto after a two months' visit in Saskatoon.

Hamilton—Miss Carrie Dow, who is nurse in charge of a ward in the Woman's Hospital, New York, is spending her vacation with her mother, 10 Stinson St.

Miss Torry, night supervisor of H.C.H., is being relieved for a

month's holiday by Miss Ida Carr, nurse for Ridley College, St. Catharines.

The graduating exercises of the Lady Grey Hospital Training School for Nurses took place June 10th, 1914, at 4 p.m., in the reception hall of the Perley Memorial Building.

Mayor McVeity presided, and the medals and diplomas were presented by Mrs. Crombie, Regent of the Laurentian Chapter, Imperial Order Daughters of the Empire. Addresses were given by Mayor McVeity, Dr. Parent and Mr. Jose A. Macdado, president of the Anti-Tuberculosis Association. Mrs. Crombie was the recipient of a beautiful bouquet of roses.

At the close of the exercises refreshments were served.

Those graduating were: Misses Gertrude Mills, Margaret Refoy, Alice M. Graham.

The first annual "At Home" of the Hotel Dieu nurses, Kingston, was held on Friday evening in the Knights of Columbus Hall. The General Hospital was represented by the house surgeon and superintendent. Miss Donihee, superintendent of nurses at the Hotel Dieu, had everything carefully arranged and much credit is due her for the success attained. The hall was decorated with snowball flowers and otherwise made attractive.

At 9.30 o'clock the event was started and at two o'clock Saturday morning it came to an end. Refreshments were served at midnight.

The patronesses were: Mrs. P. Devlin, Mrs. (Dr.) Mylks and Mrs. J. Swift. Miss Phyllis Devlin sang a solo in a sweet, clear voice. The music was rendered by McAuley and Salsbury's orchestra.

Mrs. H. M. F. Bowman, late of the Berlin and Waterloo Hospital, is taking a course in the Department of Nursing and Health, Teachers' College, Columbia University, New York. In a letter to the editor Mrs. Bowman says: "Columbia is a little town of 4,700 students, 450 in Whittier Hall alone. There are 50 nurses enrolled in different branches of work—administrative, social service, school nursing, insurance nursing, etc. Twice a week we visit hospitals with Miss I. M. Stewart, spending two hours learning new methods, new equipment, etc." Mrs. Bowman finds the work very interesting and, of course, most instructive.

The Ontario School for the Blind, located at Brantford, admits as pupils blinds persons of both sexes, between the ages of seven and twenty-one, without charge for board, tuition or books, but parents are expected to provide clothing and pay traveling expenses. It is a school—not a "home," nor a hospital, nor an asylum—and among the pupils are many who, though not entirely blind, have sight so defective that they cannot receive any education in the ordinary public schools.

If any reader of The Canadian Nurse knows of a child so afflicted, a letter or post card addressed to H. F. Gardiner, Principal O.S.B., Brantford, giving the name and post office of parent or guardian, will help the school to do all the work for which it was established and is maintained by the Government.

United States

Miss Charlotte P. Moodie, a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, in massage, gymnastics, electro and hydro-therapy, who was formerly in charge of the mechanical department of the Methodist Episcopal Hospital in Brooklyn, and afterwards engaged in private practice, has again been placed in charge of this department at the Methodist Episcopal Hospital, after the resignation of Miss A. F. Tidy, also a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., who was recently married.

Mrs. E. S. McCarthy, a graduate nurse of the Friends' Hospital, Frankford, Pa., also a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia in massage, gymnastics, electro and hydro-therapy, has been engaged by the Saginaw Mechano-Therapy Institute, Saginaw, Mich., conducted by the Misses Ethel and Eva Rea, both graduates of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia.

Queen Alexandra's Imperial Military Nursing Service

Promotions.

The undermentioned Sister to be Matron: Miss M. M. Blakely.

The undermentioned Staff Nurses to be Sisters: Miss M. E. Medforth, Miss J. H. Congleton.

E. H. BEECHER,
Matron-in-Chief.

A TEST.

One of the best tests of finesse in nursing is found in the skillful managing of feminine patients of the highly nervous and extremely "fussy" type, and this type is found in all branches of nursing. The patients are the most difficult to manage, and are exceedingly trying to the nurse.

Here the nurse enters upon a new phase in her work which can be accomplished with success or failure, depending entirely upon the nurse's ability to put into practice the use of intelligent kind-

ness, extreme tact, and fine discretion. This most assuredly calls for all intellect with which any normal human being is naturally endowed.

It is not kindness which humors a patient, because it is the easiest way to shift a little responsibility of one's real duty, but quite the reverse. It has been said by an eminent physician, a specialist in these cases, that confirmed neurasthenics have been produced in just this way. And it only takes a casual observer to see this.

In addition to the mere performing of the simple duties required in the specific treatment of the individual case, it is also necessary to carefully place the patient under a type of which there are usually three, those that are extremely neat in personal habits and characteristics, or the reverse, and the third, which is neither, but just as easily one as the other. Also, it is important to note her little fads and fancies.

If she is of the extremely neat type, her surroundings should be in accordance with this. Enough care cannot be taken in attending to the mere details, which seem so trivial; but there are few instances where they are of more importance. The mere lack of harmony in arranging flowers, the harsh, bright light coming from window shades, and curtains which are at extreme angles from one another, add to the restlessness and "fussiness" of this type of patient. It is the nurse's duty to see that mere details are attended to properly without the geometrical symmetry, so pleasing for the students of higher mathematics, but not for the sick. These duties can be performed without that mechanical manner that predominates the most broadly efficient nurse. The technique and dexterity can be so covered without having a trying effect upon the patient.

And if the patient is of the reverse type of individual, who abhors primness and neatness, the details can be managed with apparent carelessness, yet with a certain neatness which is not so effective. In case of the flowers, for instance, these can be arranged to balance the room nicely, at the same time confusing their colors and varieties.

When the confidence, respect and, perhaps, affection of the patient have been gained, a mere suggestion for her welfare will be readily complied with. In case there is an affection, it must be treated with a fine discretion, and not allowed to become too personal, for upon the physical recovery she must begin to have her mental strength as well, which she cannot have if she is allowed to let that affection weaken her.

Here is an illustration: The wife of a physician, well-known at this particular hospital for her pleasing personality and keen intellect, became a patient of that institution, operated upon for goitre. She was a very frail little lady and extremely nervous. The first three nights after her operation her life was despaired of, and the nurse

knelt by the bed supporting an aching back the greater part of the night. This was repeated until she had passed her crisis, which she did on the third day. True to human nature, she still expected the tiring and difficult back-supporting. The nurse explained kindly that she had recovered from her critical period, and must use her new strength in helping herself a little. The nurse placed her in a most comfortable position, supported the back by a small pillow, which answered the same purpose as the hands did previously, and proceeded to perform another duty of a different nature.

The patient recovered famously. Nothing was left undone for her comfort, and the remembrance of the association was indeed sincerely pleasant for them both. Not very long after the patient was discharged from the hospital, the nurse had occasion to meet this charming little soul in her recovered normal condition. And she disclosed a great confidence, which was as follows: "Do you know, my dear, all through those black, black nights all I could feel, or seemed to know vaguely, was that you were raising me up out of a suction of a whirlpool, and I could feel your spirit fighting with mine. And I wonder if you ever knew? I have tried to tell you many times, but it was so real and new then. Then, when I had realized we had won, I naturally felt dependent on you for all my strength, physically and mentally. And you know it is so very easy for us humans when everyone is right there to spoil one with attentions innumerable. So, here again, I owe you still something else for so quietly and gently returning my self-respect in not allowing me to become as a spoiled child." The nurse answered and explained that all ill persons are as little children, and should be considered as such (secretly), and guided until they are able to guide themselves. Also, that if the little assistance so readily given spiritually was realized and understood, then she was already well paid.

In her inmost thoughts, however, it is something that can never be taken away from her, that is worth more than all the diplomas ever attained. It is the real and true knowledge of helping the soul, as much as caring for its temple, the body.—M. G.

UNIVERSITY OF TORONTO PROVISIONAL PROSPECTUS OF COURSES OF TRAINING FOR SOCIAL WORKERS, 1914-1915.

Courses of Instruction.

The University has undertaken to organize the following provisional courses of instruction for men and women who purpose to engage in various phases of social work. Instruction will be given by lecture courses and discussion courses in addition to supervised field work.

The classes will meet weekly during the academic year. Each course will contain approximately twenty-five hours of instruction.

Lecture Courses.

1. Social Economics. Lecturer—Prof. G. I. H. Lloyd, M.A.

The nature of wealth and income. Population and capital in relation to wellbeing. The standard of living. The distribution of wealth and of products. Markets and market economy. Economics of thrift. Competitive wages—modifications by collective action, trade unionism, profit sharing, co-operation. Problems for the reformer. Sweated labor and the minimum wage. Unemployment and the organization of the labor market. Juvenile labor. Workmen's compensation. Factory legislation.

2. Social Psychology. Lecturer—Prof. G. S. Brett, M.A.

The course will embrace those aspects of this subject which are most important for social workers: Primitive mental types, primitive traits, early customs, mythology, superstition, and the survival of these factors in modern civilization. The development and significance of a social or collective psychology. Application of psychological theory to the observation of types, correction of defects of character, recognition of abnormality.

3. Social Ethics. Lecturer—Prof. T. R. Robinson, Ph.D.

Ethical principles and definitions. History of moral concepts in relation to changes of social conditions. Relation of the individual to society. Features of modern society in their ethical aspects. The applicability of ethics to modern problems of conduct.

4. Social Hygiene. Lecturer—Prof. J. A. Amyot, M.B.

The machinery of public health: Federal, provincial, municipal. The definition of disease. Special diseases arising from specific causes, with special reference to transmissible and occupational diseases. Preparation and adulteration of foods, including drugs. Sanitation of buildings: Heating, lighting, ventilating, particularly of schools. Care of the water and milk supply and of the disposal of refuse.

5. The Family and the Community. Lecturer—Mr. A. H. Burnett. (Secretary of the Division of Public Service, Department of Health, Toronto, and Secretary of the Canadian Conference of Charities and Correction.)

Historical and comparative sketch of benevolence. Defects in the family: Physical, industrial, educational, social. Agencies of relief: Public, private, co-operative. The technique of philanthropy: Investigation, plan, application. Methods of administration: Confidential exchange, records, conferences.

6. The Urban Community. Lecturer—N. J. Ware, Ph.D.

(Superintendent of University Settlement, Toronto.)

An analysis of the elements in the structure of an urban community: Industrial, social, administrative. The relationships of these specific factors in the community which present the technical problems of city life and civic administration.

Special Lectures.

A special course of at least fifteen lectures upon the Social Settlement will be given by Miss Sarah Libby Carson, who for a number of years has been organizing social, neighborhood and settlement centres in the United States and Canada, and who is at present General Supervisor of Settlement Work for the Presbyterian Church in Canada.

It is expected that during the year arrangements will be made for securing a number of special lecturers of wide experience in social work.

Discussion Courses.

1. Charities. Leader—Mr. A. H. Burnett.

Discussion of comparative methods and fundamental principles of work in charity in the broadest sense, particularly in relation to cases which arise in the field work of students.

2. Recreation. Leader—Miss E. B. Neufeld.

(Head Worker of Central Neighborhood House, Toronto.)

To cover all that is recreational from the point of view both of the individual and the community. Neighborhood activities: Playgrounds, social centres, settlements, commercialized amusements. Play for individuals and groups: Folk dancing, pageants, story telling and clay modeling. Organization of recreational institutions: Locality, leadership, equipment.

3. Medical Social Service. Leader—Miss J. Grant.

(Head Social Service Worker, Toronto General Hospital.)

Conferences for discussing problems which arise in medical social cases in connection with visiting, juvenile court work and the relation of crime to disease. Lectures by medical men on social problems. Clinical methods and recording systems.

4. Probation. Leader—N. J. Ware, Ph.D.

Development of the juvenile court. A comparative study of probation systems and methods. Movements on behalf of children: Scouts, big brother and sister, children's self-government organizations. The child and the city: Dependent, defective, delinquent children, child education, child labor, child recreation.

5. Settlement Methods. Leader—Miss Sarah Libby Carson.

The organization and development of a neighborhood centre, and

the adaptation of settlement methods to special needs. The study of methods of organization and administration, the keeping of records, club work and educational classes, camps and extension work. Special attention will be given to neighborhood surveys.

Field Work.

Eight hours per week of actual field work in the subjects of each discussion course will be arranged and supervised by the instructors in those courses.

Plan of Classes.

Students who take six lecture courses, one discussion course and field work are full-time students. Other students may be admitted as occasional students to the lecture courses only.

Lecture room and reading room accommodation will be provided in the Household Science Building of the University.

Subject to alteration it is probable that lecture courses 1, 2, 3 and 4 will be given on two mornings of the week and numbers 5 and 6 in the late afternoon. Special lectures and the discussion classes will be arranged to suit the needs of the class and the special work. Classes are to be organized during the first week of October.

Terms of Admission.

The fee for full-time students is $40, and for occasional students the fee is $5 for each lecture course.

In considering applications for enrolment weight will be given both to educational attainments and to previous practical experience. Applications will be received up till September 15th, 1914.

It is not proposed that a diploma will be granted in connection with this course, but the work of each student will be carefully recorded, and an official report upon it will be furnished at the conclusion of the course.

All communications should be addressed to Mr. E. A. Bott, B.A., University of Toronto, Toronto, Ont.

PRACTICAL IDEALS IN NURSING.*

Probably most of us in this audience have in our minds a mental picture of the ideal nurse, even though we might not be able to make that picture clear to others. I have no doubt that the young ladies of the graduating class have also their ideal—perhaps somewhat hazy and undefined, yet an ideal which will certainly influence their future lives. Throughout the months of their training these ideals have been forming, and, farther back than that, a thousand influences have played

*Extract from an address to the graduating class of Kingston General Hospital, May 11th, 1914, by Charlotte A. Aikens, Detroit, Michigan.

a part in the shaping of those ideals. The home, the school, and the church have all helped toward the formation of their ideals, just as surely as the training school they are now leaving.

If I were to try to analyze the ideal nurse, I think I should place at the very top of the list the qualities which I should like my nurse to possess, just the plain everyday quality of being kind. Without that quality, any nurse is very poorly fitted for the care of the sick. I sometimes think we should place a great deal more emphasis in our training schools on the cultivation of everyday kindness than we do, because it is so far-reaching in its influence on a nurse's work and methods of life, and because there is so great a tendency in a nurse's life in a hospital toward mechanical service, or service without heart.

There are the daily lessons in self-repression, which begin with the entrance to the hospital. There is the discipline of silence in the presence of suffering. There is the stern keeping back of tears as she stands in the presence of death. There is the pressure of duties following fast on each other—all of which tend to check the springs of human kindness, necessary though all this discipline seems to be. One of the first things a nurse must learn, if she is to be successful in the truest sense of the word, is to spell SELF with a little S—and this is perhaps the hardest of all lessons to learn.

Besides the danger of mechanical nursing, there is another great danger that nurses both in and out of the hospital need to guard against—the danger of one-sidedness or narrowness, the danger of becoming so absorbed in the daily round of duties that we take no interest in the big things which are being done to make our communities better places to live in, or the big things happening in the world outside. It is right that nurses should regard the unexpected rise in Mrs. Jones' temperature as of more importance for the time than the Mexican situation, or the Panama Canal, or the Canadian navy or railway questions, or Home Rule for Ireland, but it isn't a good thing, when Mrs. Jones' temperature goes down to normal, or when we are off duty, that we still take no interest in world events, or church progress, or community betterment. It isn't a good thing when we allow ourselves to talk about Mrs. Smith and her temperature, or Mrs. Jones and her complications, or what Dr. A. said, or Dr. B. did or did not do or say, at dinner and supper and breakfast, and in our rooms and when we go walking, when we are on the street car, and so on. The nurse who allows herself to drift into this habit is not only narrowing her own life, but she is helping to shorten the period of her working career, because she keeps her brain working in the same rut all the time.

One of the most natural ways that a nurse can use to maintain that poise of soul that she needs, and to keep out of the rut of monotony

of thought and effort, is to maintain her relationship with some church, attend its services as regularly as she can, and try to keep in touch with what her own church is doing at home and in foreign fields. No study that a nurse can engage in will do more to broaden her horizon and quicken her sympathies than a study of the modern acts of the apostles of our own churches who are at work in the foreign fields, or in some difficult section of the home field. I should like to hear that some member of this graduating class had responded to the call for nurses in some foreign field.

Without doubt, some of you who are graduating will, for a time at least, specialize in institutional work. What ideals have we formed regarding the institutional nurse? There are a few things I should like to know about any nurse whom I employed in an institution. One is, can she be depended on to see that the thing ordered to be done, is done, without arguing the point, or wanting to do it some other way, without asking useless questions, or making excuses? Another is, has she learned to control the little unruly member? Will she be loyal to the institution, to its rules and its interests, while she retains her connection with it? And will she treat her subordinates with justice and kindness? We can't help the seniors feeling a little above the juniors, or the juniors taking on little airs of superiority because they happened to enter for training three or six months earlier than some of the probationers—that is just hospital human nature—but we can help those airs of superiority developing into harshness; we can prevent the snubbing of probationers that was so common years ago, and we can radiate that spirit of helpfulness that should permeate every institution for the sick.

Nurses often make the mistake of seeing things only from their side of the situation. They meet in associations and conventions, and discuss the professional side of their work, and often forget the human side. They often fail to consider that the family or the patient is tremendously concerned in this business of nursing, and that their viewpoint should also be considered. On the other hand, let me mention one of the chief problems of private duty nurses, and ask this audience to remember it—it is to get the chance to sleep that they need if they are to keep their health and do their best for their patients. Not long ago a man in my own city, when asking for a private nurse for his wife, specified that they wanted A TWENTY-FOUR HOUR NURSE, and he isn't the only man or woman who has made that request. I should not be surprised to have someone whisper in my ear that some Kingston families have been inconsiderate enough to ask, or to have wanted, twenty four-hour-nurses. It shouldn't be necessary to remind this or any other audience that the Lord hasn't seen fit to create a variety of twenty-four-hour-nurses, or nurses

who can give twenty-four hours of service continuously, however badly it may seem to be needed. A nurse is a woman, made of the very same sort of clay as other women, with a constitution requiring a period of rest, recreation, and refreshment in each twenty-four hours, and no amount of training will change her constitution or make her able to do without sleep.

If you hear of any man or woman in this city asking for a twenty-four-hour-nurse, I hope that you will promptly report him to THE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, and see that every newspaper in the city is given the story.

These occasions are rightly called commencement exercises—the beginning of the career and discipline to come, rather than the completion of training. The nurses of to-day find a thousand doors opening for them which twenty-five years ago were closed. Opportunity is writ large before the graduates of 1914. Each generation of nurses has its own problems to work out, and there are problems in the nursing world of to-day quite as intricate and perplexing as those which confronted Florence Nightingale more than a half-century ago. She brought order, system, and greater efficiency into the hospitals. What is needed to-day is to bring order and system and efficiency into the whole nursing field outside the hospital, so that the family of wealth, the family of poverty, and the family of moderate means may all be able to secure the service in sickness which their individual case needs. We are very far from accomplishing this to-day.

What is needed in most homes is a combination of the skill of the graduate nurse with the practical utilitarian qualities of the old-time neighborhood or practical nurse, and this we are going to provide when we are wiser. We need a new kind of nurse, or a nurse with a new vision, who will set herself to the task of working out this problem in co-operation with other forces, in every community. Within the last decade, we have seen the evolution of the school nurse, the tuberculosis nurse, and of welfare nurses of various kinds. We are going to give to the nurse of the future this new vision—the vision of the middle-class home as a field for service, and of her rightful place in that field. She will not try to occupy it all, but she will work in it, if we provide the machinery whereby she may the more easily reach those in that field who need her care.

We are going to see for ourselves broader standards of service to the sick—ALL THE SICK—of a community, and study how we may reach that standard. We are not going to drive the practical or untrained nurse from the field, but we are going to direct her work more carefully: we are going to see that she is not sent, unsupervised, to patients who need the most skilled care. We are going to increase her efficiency by proper supervision by graduate nurses. We are going

to evolve community organizations and community nursing centres, whereby the nurses we have labored to train in our hospital schools may be brought to the bedside of every man and woman in the community who needs the skill they are able to supply. We are doing this now in a few places. We are going to continue doing it till we have reached that practical ideal in nursing, whereby all classes of people are given nursing service according to their needs, not according to any cast iron standard or cut-and-dried theory, nor according to the condition of the pocketbooks at the time the sickness came upon them.

This is one great challenge to the nurses of to-day. It calls for the laying aside of petty prejudices: it calls for a deepening of the feeling of the sisterhood of women; it calls for executive ability, resourcefulness, for breadth of vision and human charity, for a greater faith in the possibilities of service in our generation, and for faith in the practical homely qualities of the untrained nurse which this old world cannot, and will not, dispense with. It calls for sacrifice sometimes for quiet heroism which the world will never recognize. Every nurse can do something toward the realization of this great practical ideal in nursing.

MARRIAGES.

At Hamilton, Ont., on June 24th, 1914, Miss Lillian Tobias, graduate of Hamilton City Hospital, to Mr. Herbert Jerome Flynn, M.A.

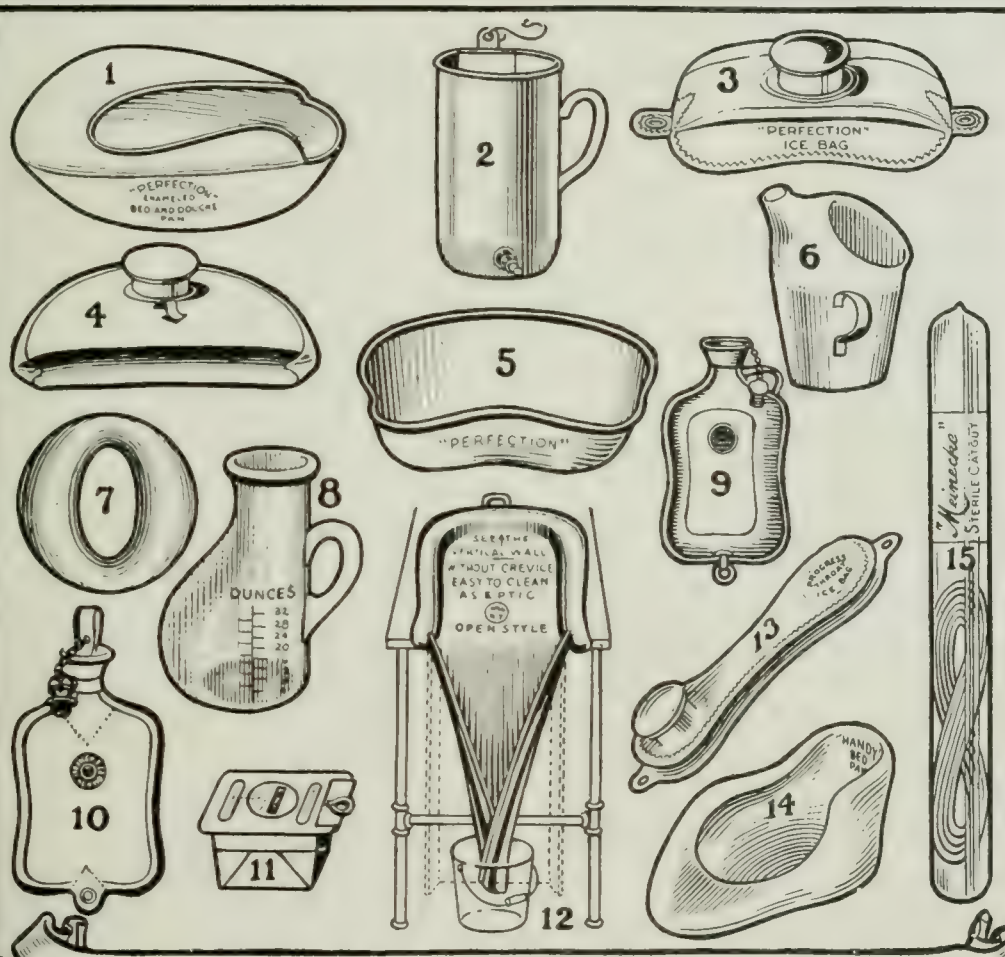
On July 21st, 1914, at Abernethy, Sask., Miss Alice A. Dent, graduate of Grace Hospital, Toronto, to Rev. Mr. Dorey, of Abernethy.

On July 22nd, 1914, at St. Joseph's Rectory, Ottawa, by Rev. Father Collins, Miss Helen Creegan, graduate of Ottawa General Hospital, to Mr. William Hastey, of Ottawa.

On June 24th, 1914, at Toronto, Miss Ethel M. Noble, graduate of Grace Hospital, Toronto, Class '11, to Mr. S. J. Shuttleworth, of Alberta.

On July 29, 1914, Miss Katherine Simpson, of Philadelphia, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, also of the Methodist Hospital, Philadelphia, to Mr. Josiah Thomas Stevenson.

THE PIONEERS of IMPROVED HOSPITAL SUPPLIES



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Registered in Toronto—1897, in Albany, N.Y.—1909.
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Number of beds—Fifty.
Graduate Nurses on Staff—One.
Pupil Nurses—Twelve.
Term of Training—Three years.
Branches of Training—General.

HOSPITAL—St. Joseph's, Peterboro'.
Established—1888.
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Superintendent of Nurses—Sister St. Joseph.
Number of beds—Forty-seven.
Graduate Nurses on Staff—Six.
Pupil Nurses—Eight.
Term of Training—Three Years.
Branches of Training—Medical, Surgical and Obstetrical.

HOSPITAL—St. Joseph's, Chatham.
Established—1890.
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Superintendent of Nurses—Sister M. Philomena.
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Graduate Nurses on Staff—Seven.
Pupil Nurses—Seventeen.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Obstetrical.

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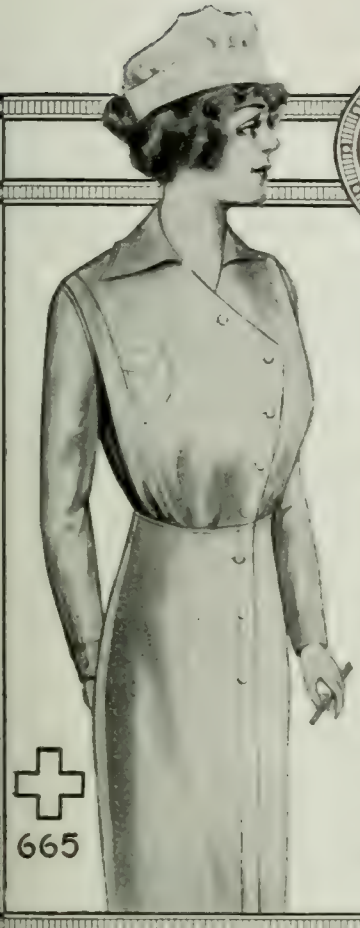

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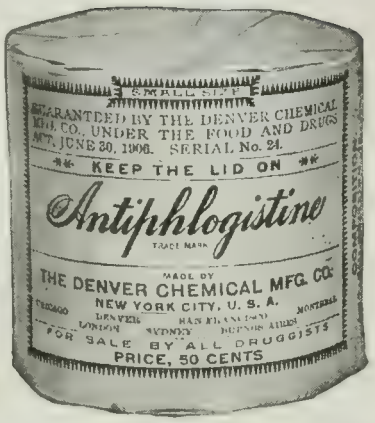
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The fall class at School of Medical Gymnastics and Massage opened September 1st. Dr. Gudrun Friis-Holm has returned and again taken up the leadership of the school, besides the activities as teacher at the different Hospital Training schools as The Roosevelt, The New York, and others. The Post Graduate Course will open in October. It is especially devoted to advanced work in Orthopaedic lines. The Nauheim or Scott movements will be taught, and other methods.

The Alumni Association will begin the monthly entertainments with lectures upon Medical Subjects in October. For any further information about the school apply to Registrar's Office at School of Medical Gymnastics and Massage, 61 East 86th Street, New York, N.Y.

The Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-11 Green street, Philadelphia, is the only school in Pennsylvania where the combined courses in Physiotherapy, consisting of Swedish "Ling" System of Massage, Remedial and Corrective Gymnastics, Electro and Hydro-Therapy, can be taken in four months. This course has been conformed to the exact requirements for the various demands with which a trained nurse is called upon to cope, in emergencies or in chronic conditions where this special type of mechanical treatments is indicated. Instruction consists of theoretical and practical lectures, quizzes and lantern slide demonstrations on Anatomy, Physiology, Pathology and Hygiene. Large clinical material at the students' disposal. Graduates are assisted to well-paying positions. Fall classes open September 29th and November 18th, 1914. Nurses interested in these courses can receive further information and illustrated prospectus upon request. Max J. Walter, M.D., Superintendent.

NURSES' UNIFORMS

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. X. TORONTO OCTOBER, 1914. No. 10

FOURTH ANNUAL CONVENTION OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

Friday, July 10th, 1914, 10 a.m.

The Invocation was given by Rev. Dean Liwyd, as follows:

Almighty and everlasting God, this assembly, from all parts and corners of our Dominion, can have nothing of lasting value without All our wisdom is but a ray of Thy marvelous mind. All our science is but an effort to read the enigmas laid before us in nature and mankind by Thy great and noble soul.

Almighty God, send down upon this gathering of those who have placed their lives upon the altar of silence and human need, Thy richest and most blessed Spirit. Guide them in their deliberations, enrich the scope of their activities, deepen their sympathy, and give a more profound understanding of the need of mankind. Give to each one who is here the power to enter into the meaning of these deliberations. Bestow the larger vision. May the nursing profession in this Dominion be not merely an occupation, but a great and large and noble vocation to which women dedicate themselves and their energy for the good of man, and for the upbuild of character, as well as physical perfection. Grant this for Jesus Christ's sake. Amen.

Mayor Bligh was introduced by the President and welcomed the delegates:

Madam President and members of The Canadian National Association of Trained Nurses:

I expect by this time you must be pretty well tired of receiving addresses of welcome; you have had three or four so far, as I have read in the public press, and I have been a little bit confused, as I explained to your president, to understand exactly the situation in reference to the organizations that have been meeting here. I thought there was but the one, and at the Public Gardens Concert the other evening, which I attended to see how matters were getting along as Mayor of the city, I wondered if I had made a mistake and should have been here to welcome you earlier to the city.

I can assure you it was not from any desire I should have not to be the very first to welcome you, and I understand I am welcoming

the larger body. The meeting held has been in reference to the superintendents. This I only learned this morning. I have read of Miss MacKenzie and Miss Randal and our friend from Halifax, Miss Kirke, but I think I have them all in order now.

However, with this explanation, allow me, on behalf of the City of Halifax, for the time being its chief magistrate, on behalf of the controllers, and on behalf of the citizens generally, to give you a very hearty welcome to this old City by the Sea. Halifax, I think, may be well called the Convention City. It seems to be a favorite place for conventions, and I trust that your Association will find from your sojourn amongst us on this occasion that you would like to come back again. We will endeavor, if possible, to give you a little better weather. This is not the average Halifax weather, and I have promised your President, when the Board of Control meets this morning at 11.30, to have a resolution passed for pleasant weather to-morrow, and I think that you can rely upon it that that resolution will be unanimously carried, and at least its spirit carried out as much as most of the resolutions of this city.

Halifax, I think, is somewhat well and favorably known throughout this wide Dominion of ours, as a city of hospitals and also of hospitality. We boast of our hospitality, I don't think too much, and I trust that you will not find that we are mistaken in that regard. I was pleased to note that here, way down by the eastern extremity of Nova Scotia, at your meeting of the Superintendents of Nurses, that a lady from the extreme other end of the Dominion was elected President of your very important organization, reminding me of the fact that, in this matter at all events, we have a bit of reciprocity, as I had the honor, about a year ago, when attending the Union of Canadian Municipalities at Saskatoon, of being elected president of the Union of Mayors of the Dominion of Canada. And I find, there as here, that Nova Scotians, British Columbians, and Manitobans, are all working together for the upbuild and improvement of our great Dominion, and that our Dominion, after all, although very broad, yet like the world, gets smaller every day. Practically from the capital city of the Eastern Province to the capital city of the Western Province the first man I met was the Mayor of Victoria, a man who was born in Nova Scotia—Mr. Beckwith.

By the way, I may say as far as my reading has extended in reference to the nursing profession, that there is no body of the young womanhood of any country in the world that makes more competent, skilled and reliable nurses than our young women from this fair Dominion, and I think we can point to many of the larger and more important hospitals of the United States whose Superintendents come

Officers and Delegates to the Convention of The Canadian National Association of Trained Nurses, Halifax, July, 1914.

from this Dominion. I know of one or two in which the majority of the nurses are natives of Canada.

I hope you will find the city of Halifax a pleasant place for a temporary sojourn, and I would like to see a great many of you make your permanent home here, and I have no doubt there may be such result from your visit here. I hope so.

A friend of mine once said that we must beware of the two classes of young women, one the nurse and the other the school teacher, and I said "Why so?" "Well," he said, "the nurses are apt to be rather hardened and callous and that sort of thing." I took strong objection to that, as I thought that they had the very best characteristics of womanhood, and that they had the most tender feeling. I asked him what was his objection to the school teacher, and he said that they bossed the school and might try to boss everything in general. I did not agree with that at all, and I believe the view of mankind is that the nurses are almost our very best, if not the very best of our young women.

I have taken up more time than I should. I have two or three meetings yet to attend. I can only assure you it has given me great pleasure to be here, and I extend to you absolutely without any fear of trouble the utmost freedom of the city. Some organizations come here a little bit dangerous and interfere with the ordinary routine business, especially when the meetings are over in the evenings, but here, even supposing there should be a few suffragettes amongst the nurses, at all events they would be toned down by their profession, and I know it would be safe, and I have instructed the Chief of Police to give you the utmost freedom.

Again let me welcome you most heartily to the City of Halifax and to close my remarks with one verse of poetry. I am a very prosaic individual, having very little sentiment about me, but I thought upon this particular occasion it was a place for just a little bit of sentiment, and I am expressing the sentiments I most heartily feel. I do not think the first two lines are applicable to the nurses, but the last two are particularly applicable to them. I refer to the "Ode to Women," by Lord Byron:

"Oh woman in her hour of ease,
Uncertain, coy and hard to please,
When pain and anguish wring the brow,
A ministering angel thou."

Response to Address of Welcome, by Miss Wright, of New Westminster:

Madam President, Ladies and Gentlemen: On behalf of the National Association of Trained Nurses, I wish to thank the City of Halifax for their very cordial welcome, and the hospitality which they have extended to us. Coming as I do from British Columbia, which is,

as you say, the farthest west, I appreciate very much the honor done me in asking me to give this important answer.

We are more than pleased with the city. Most of us have come to it for the first time, and are very much pleased perhaps with the oldness and ancientness of your city. With us everything is new, just in its beginning; with you, we see a great deal we have never seen before.

I had a great deal of pleasure the other day, being asked by your school nurse, who, in your progressiveness, you have appointed in your schools, to go with her to see some of her work, and I was very much interested. While I have nothing like that in my city, I appreciate the difficulties your are laboring under here with your poorer classes, and I think with your school nurse you will have a very great deal of assistance.

We are very happy to be with you, and I want to thank you for your defence of us when we were thought hard-hearted. I wish to thank you.

PRESIDENT'S ADDRESS.

Ladies:

In my message to you this year, I believe it is safe to say that there has been a very marked increase in activity in the nursing organizations throughout the Dominion since we convened over twelve months ago.

In the very excellent programme, prepared under the convenership of Mrs. Paffard, you will find, as it unfolds, echoes of many things accomplished in the associations affiliated with this society. The progress of registration will be told, and I am glad to say most of that registration news will be given to us directly by the representatives from the various provinces. The convener of the Public Health Committee will report, and I am sure will have interesting facts to relate.

The special committees on nurse training and the organ of the nursing profession have matter needing most careful thought on your part, and before we close our meetings we must decide what part our National Association will play in the meetings of the International Council of Nurses, in San Francisco, in 1915, and settle on our line of action in raising Canada's contribution to the Florence Nightingale Memorial Fund.

Last year I was privileged in presiding at the meetings of this association, and I urged on the members the great necessity for nurses speaking for themselves. This year, with added emphasis, I wish to urge it again. Nurses must identify themselves with the great movements of the day, they must co-operate with the workers in all lines of social betterment, would they fulfil their splendid destiny. The possibilities for usefulness for the trained nurse to-day are wonderful, and

almost every day new vistas open of splendid fields for service lying ready to be tilled by the trained nurse.

To-day, I wish each one of you to ask herself with great earnestness: Are we, as trained nurses, doing the best that can be done? Is the profession of nursing as splendid a calling as it was intended it should be? Are we alive to those possibilities, and are we ready to supply competent workers for all those lines of activity where nurses are needed? And the burden of my message to you to-day is to point out that we fall short, and why do we do so?

Two facts stand out—we have not the material to train for those important positions, and we have not that material, because we have not insisted on a proper educative course for our women. We have gone on in a more or less blind way, and as one in a deep forest at first finds the darkness impenetrable, but gradually grows accustomed to it, and can see passably well, nurses have been struggling on, and have grown accustomed to the lack of the educative light, but now bright light breaks in, and we know that the old order is wrong, not only to the women students, but wrong to the sick and wrong to the nation, for we, as representatives of the profession, have not prepared women for the many posts in the broad preventive campaign, which is of infinitely more importance than the curative.

Forget the past mistakes and start a system of nurse education on proper educative lines, establish schools, the "raison d'etre" of which will be the education of the nurse in all branches of nursing. Let us have our institutions for the care of the sick managed by experts trained for that work. Let us have the teachers of our nurses trained in the teaching of nurses, and let us desist from compelling nurse-students to cut themselves off from all of the ordinary means of culture while they are training. This will cost more money, and it is time it did, but in the end it will be more economical, because it will make for more efficient service and better satisfied workers.

Here it will be seen how one reform leads to another. Let us urge on everyone the necessity for evolving another system for the financing of our hospitals. Fancy, in this century, in this enlightened age, tag days and similar abominations! What we need are hospitals, financed by the municipality, but managed by an elected Board of Trustees. Then the institutions would be on a dignified basis, the managers would know what they could draw on, and there would be some hope of scientific management.

Those facts, you as nurses know, and you know them better than any other class of workers, and you are the ones by whom light must be carried in to all parts of the populace.

Have vision, have faith in that vision, and others will see and believe. Never before were we so much in need of high ideals, never before was there so pressing a call for well-trained, well-poised work-

ers in the field of nursing. What shall we do with that need? What with that call? From you must come the answer, followed by action.

Enough! I leave it with you.

July 10, 1914. MARY ARD. MACKENZIE.

President: I will now call on Miss DesBrisay, Secretary, to give the report of the Executive Committee.

SECRETARY'S REPORT.

July 10th, 1914.

Since the first Council Meeting which immediately followed the Annual Meeting in Berlin last year, there have been several changes in the different committees.

Some of those appointed at that meeting as conveners of the respective committees did not consider it possible to act, and other names had to be suggested. In many cases these also had to refuse, and it was only in the Council Meeting held in Toronto in December that some of the committees were finally arranged. Consequently, they have had to work doubly hard in order to get things into shape for the Annual Meeting.

There has been little to record outside the Council Meetings.

In May a telegram was sent to the Saskatchewan Graduate Nurses' Association welcoming them into affiliation.

In June, 1913, Miss Flaws applied, and in March last the Graduate Nurses' Association of British Columbia made application for membership. Both were gladly welcomed into affiliation with the Canadian National.

Respectfully submitted,

HELEN A. DESBRISAY.

President: Any notes on these minutes, if not we will have the report of the Treasurer. Mrs. Fournier is unable to be present, but has sent her report with a letter which I will ask the Secretary to read.

REPORT OF TREASURER—YEAR ENDING MAY 1st, 1914.

Receipts.

Cash on hand May 1st, 1913	$174.66	
Arrears received from Affiliated Associations	21.60	
Fees for 1913-14 received from Affiliated Ass'ns.	131.15	
Fees for 1913-14 received from charter members	14.00	
Interest on money deposited	1.90	
		$343.31

Expenditures.

Expenses for stenographer at 1913 convention	$ 20.60
Stationery	15.25
Binding, etc., one vol. The Canadian Nurse	2.11

Printing reports of third convention		146.12	
Collections on cheques		.65	
Expenses of Executive Committee:			
President			
Secretary			
Treasurer—Postage and express.....	$2.50		
C.N.A. subscription to The Canadian Nurse, paid by personal cheque....	1.00		
		3.50	
Programmes, etc.		188.23	
To balance on hand May, 1914		155.08	
			$343.31

Respectfully submitted,

E. G. FOURNIER,

Treasurer.

Miss Wright: I move, if the meeting can take no action on this matter, it be left over with the recommendation to the New Executive, that they deal with it as soon as the books have been audited.

Above motion was carried.

Miss Crosby: As convener of the Eligibility Committee, I thought that application was to be presented at this meeting, and I see it has been dealt with before. I do not quite understand.

President: The reason for that was that there was a delay in the transmission of the application, and as the British Columbia Association aimed to have it in at our last annual meeting, and there was some unavoidable delay about it, the executive decided to deal with it at our last meeting, and to welcome the B. C. Graduate Nurses' Association, and that will be ratified at this meeting when you present your report.

President: What action should we take with the Secretary's report?

Miss Madden moved its adoption.

President: We will now have reports of committees. There are a number of standing committees to report and a number of special committees. Committee on Arrangements, Miss Pemberton is convener.

Miss Pemberton replied that there was nothing special to report.

Standing Committee on Publications, the Secretary.

Report of Eligibility Committee, by Miss Crosby.

Your committee recommends that the following associations be received into affiliation: The Graduate Nurses' Association of British Columbia, the Graduate Nurses' Association of New Brunswick, and the Graduate Nurses' Association of the Eastern Townships, Sherbrooke, Que.

The Graduate Nurses' Association of Newfoundland applied for affiliation, but the executive debarred that application because Newfoundland is not a part of Canada.

Your committee would direct the attention of all associations to the need of being explicit when framing the eligibility clause. One constitution submitted read: "Graduates of hospitals in good standing were eligible." What is meant by hospitals in good standing?

Respectfully submitted,

BELLA CROSBY, Convener.

Moved by Miss Crosby, and seconded by Miss Kirke, that the report be adopted.

Standing Committee on Programme.

Miss Dyke: Mrs. Paffard, who is convener of that Committee, thought the programme would speak for itself.

Miss Wright: I would like to say that I think the Programme Committee have done very wonderful work and have gone to a great deal of trouble. The convener has my sympathy.

Miss Crosby moved that a letter of thanks be sent to Mrs. Paffard for the excellent programme prepared by that committee. Seconded by Miss Mathieson. Carried.

President: It has been customary the last few years to appoint a Committee on Resolutions, and the Executive has decided to ask Miss Mathieson to act as convener.

Miss Mathieson: I would rather you would appoint somebody else.

President: We will have to have someone else nominated for convener. The work of that committee is merely for this meeting to prepare any resolutions of thanks for the annual convention and to draw any special resolutions anyone wants drawn up as the sessions go on.

Miss Dyke: I would like to nominate Miss Cotter as convener.

President: Next we have Special Committees. The first one is the Special Committee of The Canadian Nurse. Last year, after the report of the Publications Committee was given there was a suggestion made that steps be taken to see what could be done in bringing the national nursing magazine under the direct control of the Canadian National Association of Trained Nurses. Miss Scott later accepted the convenership of that committee, and was supposed to get all the information. I think she has sent it in. She is unavoidably absent from this convention, but she has sent in the correspondence. I would ask the Secretary now to read that correspondence with a view to seeing what we will do with that motion.

President: It is now in form to report that The Canadian Nurse may be taken over by the National Association on those terms.

Miss Gunn: How do you propose to meet the financial difficulty of The Canadian Nurse?

Miss Wright: Do you think it would be possible to get the affiliated societies sufficiently interested to float stock and make a purchase with the proviso that they are not to sell it. During the time they hold the stock it would be theirs, but if the Canadian National were in a position to buy the stock they would sell it without interest on the money invested. There are twenty-nine affiliated societies, and at $100.00 each would cover the initial cost, and then individual nurses could take out stock if they wished. My idea would be to get it on as firm a financial basis as possible, because, certainly, the financial business of The Canadian Nurse has been handicapped.

We all know that as individual nurses we have not done what we should to make The Canadian Nurse what it should be. At least in British Columbia we know we have not, and I expect the other provinces feel they have not given the required assistance to make it what we would like. We thought if that could be done the affiliated societies could help in this way.

Miss Gunn: I approve of Miss Wright's suggestion, and I think we ought to go further and have more stock taken out than is absolutely necessary. You cannot make bricks without straw, and you cannot have a good magazine without plenty of money. If we get that I don't think we will have any difficulty in getting a magazine everybody will want. It is entirely to our discredit that The Canadian Nurse is what it is. Miss Wright's suggestion is a very good one, and will convey no hardship to any organization.

President: Of course, that question of the stock could not be settled at a meeting like this, that is, it would have to go to the societies, and see just what they would do. How had we better go about this?

Miss Wright: Madam President, we cannot do anything at this meeting. There will have to be a committee formed which will communicate with every affiliated society and get their pledge.

President: How would you have it appointed, by the Association or by the Executive?

Miss Wright: By the Association. My idea would be to do it now.

President: Are all in favor of going ahead now and appointing a committee to work out a scheme to communicate with the various affiliated societies in order, as it were, to feel them with regard to what support they would give in connection with the stock scheme that has just been outlined by Miss Wright?

Miss Randal: Could we take that up at a later session? Could we think it over and decide who we would put on that committee?

Miss Randal moved that the appointing of a committee to arrange

for the transferring of The Canadian Nurse be deferred to a later session of this convention. Seconded by Miss Wright.

Miss Dyke: Could a committee be appointed by the chair now to meet at noon and draft recommendations that could be written and held as a basis for discussion?

Miss Wright: My idea was just to get a small committee now who would do something definite, not a permanent committee.

President: On that committee I would name: Miss Wright, Miss Browne, Miss Cotter, and Miss Madden.

Report of Federation, Amalgamation, or Affiliation.

REPORT OF THE COMMITTEE ON AFFILIATION.

Madam President:

Your committee has the honor of submitting the following report, feeling that all the members are convinced of the advisability of uniting all nursing societies in Canada under one general head, yet preserving their individuality and providing for the discussion of the various problems before that section of the nursing profession immediately interested in them, without losing sight of the interests of the whole, by this means doing away with the multiplicity of meetings that are such a tax on the busy nurse. We, therefore, recommend:

First: One National Society consisting of three sections, one for the superintendents of the training schools and teachers of nurses, one for the public health nurses, and one for the discussion of general nursing affairs. This National Society to retain its own name. Each of the affiliated societies or sections to elect its own officers and manage its own affairs. The presidents of the sections to automatically become members of the Board of Directors of the National Society, each section to elect one other member of that board, in this way securing adequate representation.

Second: That each of these sections of the National body be made up of local and provincial associations, with the same aims; that each city or county have its own charter, which would be an integral part of the Provincial Nurses' Association. The Provincial Society in the same way having membership in the National Society without any loss of independence.

Third: That all fees be paid into the treasury of the local society, which would pay sufficient per capita tax to adequately maintain the larger society, so that each nurse would have only one set of dues to pay. Individual members of the National Society to continue to pay the present rate.

Fourth: Among the objects of the National Society we find the following: "To encourage a spirit of sympathy with the nurses of

other countries, and to afford facilities for international hospitality." In promotion of these objects, your committee would suggest that an international delegate be elected, either by the councils of the various National nursing organizations, by the Board of Directors of this society, or by the vote of the entire body; that this delegate shall hold office from one meeting of the International Council to the next, and that she keep the society informed in regard to the nursing events all over the world by reporting at the meetings and sending news to "The Canadian Nurse."

Fifth: That a committee be appointed for the revision of the constitution and by-laws wherever necessary to put this plan into effect.

In closing, may I say that your committee presents this skeleton to you with great humility, realizing the vast importance of this matter, and trusting that you may clothe it with beauty and give it the power that a strongly organized society wields for the advance of our profession and the fulfilment of our ideals.

Respectfully submitted,

KATE MADDEN.

President: You have heard this report, what action do you want taken in regard to it?

Miss Wright moved the deferring of the adoption of this until we have heard from the Superintendents. Seconded by Miss Gunn.

Communication from the Superintendents' Society was then read by Miss Phillips.

President: What action do you want taken? The recommendation is that a full committee of six from the two societies be appointed, four appointed by the Canadian National, two from the superintendents, and the convener to be a member of the Canadian National, to work together and draw up a report. Two are to be those working in some branch of public health.

Miss Wright: I should suggest that the other two members of that be private nurses, because private nurses are so seldom represented at these meetings on account of their inability to be always present.

Miss Gunn: I think the only reason the superintendents limited it to three classes was because in Miss Madden's report she recommended the three sections for the society, and I think that the private nurses come under the Canadian National.

President: The logical thing would be to appoint representatives from the private nurses, because that is the section we are looking to in the future. How should that committee be appointed? Are you in favor of having that committee appointed as outlined by the super-

intendents, or would you like to have some other way of dealing with the matter?

We might, of course, defer this and take it up under new business if you would rather do that and put off the discussion of this, but I think it would really save time to do it now.

Miss Madden: Madam President, is Miss Phillips' resolution a motion?

President: It is merely a recommendation from the Superintendents' Society. We have to see if this society approves of the suggestion.

Miss Gunn: I think when the committee is appointed, Madam President, they should be given very detailed instructions as to what is expected of them.

Miss Crosby: Does that resolution not conflict with Miss Madden's recommendation, as, if I understand it correctly, Miss Madden in her report does not want any society to lose its identity? In this the Superintendents' Society loses its identity.

President: Nothing is recommended. We merely want to get the reports. What we have had were not enough to make us act definitely either on amalgamation, federation, or affiliation. It was merely that we wanted to work out the scheme, whether federation, amalgamation, or affiliation, and these two committees have been working, and they presented the report. It was felt in the Superintendents' Society when this first report was presented, that it would have to be dealt with again by a committee that was representative of the three large interests in the Canadian National—the superintendents, which mean the hospitals—the public health nurses, and the private nurses, so they decided to get closely together by having a committee of six appointed, and that committee will draw up the preliminary constitution, showing the relative positions of the three departments. You see, we have not done anything yet.

Miss Randal: I think, Miss Crosby, the reason we used the word amalgamation was because we thought we were already affiliated with the National.

President: Federation would really be the better word. We have not done anything yet, and we thought this would be a better way to deal with it, and get really down to the bottom of it. Is there any discussion on that, or will anyone make a motion that we act on the suggestion?

Miss Madden: My report was simply, as I said, a rough skeleton, which would perhaps force the issue. When the president of the Superintendents' Society wrote to me she spoke of amalgamation, and the president of the Canadian National spoke of affiliation. But I intended my report to be something that might force the issue. I am not anxious that that particular form should be carried out. This

thing was only tentative; it is still all in the air, and there might be a much better way of presenting it.

Miss Gunn: I think Miss Madden's report would be an excellent working basis for the new committee, and a great many of her recommendations would be adopted by that committee, and some others added. I don't think we should take action at this meeting.

President: Miss Cotter, what is your idea in regard to this matter?

Miss Cotter: I hardly know what to say. Like Miss Wright, I could not help but feel that perhaps a whole section should be given to the private nurse, and I think that Miss Madden has simply meant to have something done. I think some action should be taken, but I I really just cannot say what.

President: Do you think the suggestion of the Superintendents is a good one?

Miss Cotter: I would go further, and say a committee of eight be appointed, and have two from the superintendents, two from the Public Health, two from the private nurses, and two from the Canadian National.

Miss Wright: There would be eight for that committee, anyway, because the President of the Superintendents and the President of the National would be members ex-officio.

Miss Gunn: I think probably the committee might be appointed by the Executive. I think in appointing committees from the floor you are very apt to appoint members of the association present at the meeting, and very often some of our most valuable workers are not here.

I would move that we adopt the recommendation made by the Superintendents' Society and that four members be appointed by the executive of the Canadian National to act with the the two appointed by the executive of the Superintendents' Society to form a committee to draft definite plans for the federation of the two societies, to be acted upon at the next annual meeting.

Seconded by Miss Cotter. Carried.

Report of Special Committee on Nurse Education was given by the President and the chair was taken by Miss Gunn.

REPORT OF SPECIAL COMMITTEE ON NURSE EDUCATION.

The convener of the Special Committee on Nurse Education begs to report on behalf of the committee as follows:

The committee consists of: President Falconer, Toronto; Prof. McLean, Winnipeg; Mrs. A. Shortt, Ottawa; Miss Retallack, St. John; Miss Colley, Montreal; Miss Cotter, Winnipeg; and Miss MacKenzie, Ottawa.

Miss R. L. Stewart, Toronto, was appointed on the committee, but withdrew, as she was leaving Canada.

The convener has met with the members individually, and the rest of the work has been done by correspondence. The findings so far are:

1. That there is a general feeling of dissatisfaction among nurse educators—a feeling of unrest, which is most hopeful.

2. The nurse training is not a sufficiently educative course, because: (a) it does not develop character as well as it should; (b) it does not fully fit the women for the practice of their profession. The course at present has a tendency to prevent the broad development of the whole woman, and on the professional side trains only in hospital nursing.

3. There is a falling off in desirable candidates. This is due to (a) the unnecessarily arduous course, making it imperative in almost every case, for the women, while training, to cut themselves off from all means of culture. They work to the limit of their strength and are expected to profit by lectures, when they are physically worn out. Often they are obliged to listen to lectures from people wholly unfitted to deliver them. Then, when the three years' hard work is over, they find themselves trained only in one line of nursing.

The suggested remedies: Establish nurse training schools or colleges in connection with the educational system of each province, the "raison d'etre" of which will be the education of the nurse, not as it is under the present system, the lessening of the cost of nursing in the hospitals. These schools should be separate in organization from the hospitals. The hospitals will be used to supply the practical training. This should be a regular course given under the direct supervision of experienced nurse teachers.

The school will have its staff of lecturers. There will be a regular pass course with certificate at end, if examinations—practical and written—are passed, and honor or special course, in district and public health nursing, social service work, hospital administration, and in the training of teachers of nurses, for which special certificates will be given.

It is very desirable that something be arranged soon to provide some useful course for the young woman between the years of sixteen or eighteen and twenty-one. Those most valuable years, so far, have been lost for most of our women who have chosen trained nursing as their life work.

This committee would recommend that a committee be appointed in each province to work out a scheme along these lines in connection with the educational system of the province.

Special attention is drawn to the part that the nurse-training

should play in any scheme of vocational training adopted by the provinces.

A further recommendation is: That the whole matter be considered calmly—not from the personal standpoint, but from that of "Summum Bonum."

MARY ARD. MACKENZIE, R.N., Convener.

President: This is merely a preliminary scheme, and the first step we shall take is to point out the imperfections in the training and get it on a proper basis. The idea is that we go about it slowly, that is, start something and see what can be done, and work by using existing institutions. The suggestion was made by one of the university presidents that we work it out in some one place first, say, for instance, whatever province is most enterprising, and most strong on the educational standing. If that province would undertake to work it out as a tentative plan that would be a very good thing indeed, and would not cause as much upheaval as if we tried to do it too quickly.

Another suggestion was, in working out this scheme, that we use existing institutions, for instance, in places where there are technical colleges, schools of domestic science, etc., that have part of the work that the nurses need, that these be used, and the idea is that all the provinces work out some scheme on these plans. Get into touch with the educational system of each province and see what can be done, have estimates drawn up, and all that kind of thing. Some help might be given to the various provinces from the Imperial Government, so as to further that plan of nurse education. That, I think, could be done if it was worked in the proper way.

So that in presenting this report, we present it with the idea that it will be taken as a suggestion, and that it will be worked out as quickly as possible, but slowly, if necessary, in the various provinces, with a view of getting in as short a time as possible, this ideal plan that I think all the members of the committee feel is and should be a relief, and in a very few years we will have nurse education on a proper basis throughout the Dominion. This is the report, and I beg to move its adoption.

Miss Wright: How many nurses were on that committee?

President: We were to have six nurses and three laymen. Miss Stewart, unfortunately, had to fall out. Miss Randal I had asked to serve on the committee and hoped she would remain, but as I got this report rather late, it was not Miss Randal's fault, but probably mine, so that I was not in time to appoint another representative. So we have on that committee four nurses and three laymen.

Miss Wright: Personally, I do not approve of any committee formed of laymen. I am not a superintendent, so I feel I can say this.

We know the training schools have been built up by hard working, earnest women, with high ideals, who are doing their level best to make the training school, and we know the training schools are better now than they were years ago.

I feel that with three laymen and only four nurses that report is not the voice of the nurses in general. Miss Randal's name, I know, was on the committee, because when Miss MacKenzie asked Miss Randal to serve on that committee I was present. But further than that I know nothing about what happened in regard to this committee. As a nurse who is not a superintendent, want to give you my views.

Miss Gunn: This discussion has probably brought a great many points to light that will help a great many here. The adoption of this report has not been seconded. Will anybody move the adoption?

Miss Cotter: I would like to move the adoption of that report.

Miss Gunn: Will somebody make a motion as to discussing this in detail?

Miss Dyke: I would move that it be discussed in detail because I think many of us would endorse parts of it.

Miss Gunn: I think the committee probably have had a great deal of work and investigation to prepare this report, and we should consider the findings first. The first finding is:

"That there is a general feeling of dissatisfaction among nurse educators—a feeling of unrest which is most hopeful."

Miss Madden: I suppose it is hopeful that there is a great deal of dissatisfaction, and I think that unrest has always existed in the nursing body. I think things are improving all along the line.

Miss Gunn: Second finding: "That nurse training is not a sufficiently educative course because (a) it does not develop character as well as it should; (b) it does not fully fit the women for the practice of their profession."

Miss Kirke: I would not like to say that it does not develop character at all, perhaps it does not develop as fully as it should, but as a teacher of nurses, I would like to feel that the three years spent in training is helpful to them in the development of character as well as acquiring skill in their profession.

Miss Randal: Of course, I do not agree with the feeling that we are not educating, and the character of the young woman is not improved in three years. No one feels more strongly than I do that we want improvement. There is room for improvement, but I take very great exception to the statement that we are not developing character.

Miss Madden: Madam President, I might say that no educational institution to-day is developing character to the highest extent. I do not think we are alone. All educational institutions are feeling very much the same as we are, particularly the higher. I really would

hate to feel that our life work goes for nothing in the development of character in the young women who are with us for three years. Surely it is not as bad as that report would indicate.

Miss Mathieson: I feel as the last speaker said, that we are educating. When a man leaves college he branches out into the line in which he wishes to specialize, and the nurse can do the same thing.

Miss Cotter: I am not a superintendent, but I would like to say two or three words. These young women enter the training school ready to think for themselves and act for themselves. I think this is the point. Very often, and I would like to bring in right here one of the points brought out in the paper last night read by Miss Scovil, perhaps the nurses could be educated in a different way while in the hospital, and that is by having each class organized. We know, as organizations at least, when we try to get new members to act as president, as secretary, that they are wholly unfitted to do it. I think that could be one of the ways that nurses could be educated, and so feel they had just a little more freedom of speech, and less of the nervousness and sinking feeling at the knees that we experience when we get up to speak.

Miss Gunn: In the Toronto General and the school from which I graduated our classes are organized. They have their president, vice-president, and treasurer. Communications go to the nurses through the president. If we want anything done in the school, we simply interview the president of the class, and she takes charge of the matter. Very often the nurses wish to have some financial dues, and each nurse pays so much a month dues into the class treasury.

Miss Cotter: I knew it had been done on the other side, but I was not aware it was being practised in any hospital in Canada. I am very glad to hear that. It is a step in the right direction.

Miss Madden: Our classes are all organized and have president and treasurer.

Miss Cotter: Are the class grievances taken up by the president, or are nurses still dismissed in the old way without a real hearing?

Miss Gunn: I really think they are getting quite progressive. About the time I went to the Toronto General there was a committee appointed on the library, and the pupil nurses had given a certain sum of money towards the library. Shortly after I went there one of the medical men offered to give the nurses a reference library. He was rather slow about doing it, and I did not want to give him a list of the books we needed without some preparation. I wrote to the largest hospitals to see what books were much used. At the same time he was making a list. I did not think much more about the pupil nurses' side of it. Suddenly, one day I found a letter on my desk from the pupil nurses asking what had been done with the money

they gave towards the reference library, and I immediately explained at length as to what had been done with it.

A Member: Does the nurse's training during the three years fit her for anything outside but just obeying the doctor's orders? With our nurses on the other side, when they are wanted for public health work, school nurses, etc., they have to start over again. The majority of the nurses finishing their third year do not know any of the resources of the city for the care of the poor. If we could branch out and get some idea of things that would fit the woman to go out and meet public conditions, I think that would be a step in the right direction. We keep the nurse going the same round, because it is a benefit to the hospital. That is right as far as the hospital is concerned, but scarcely fair to the nurse. The public educators are waking up to the idea that they cannot spend so much time in post courses. Some time during the senior nurse's course she should be given a course in sanitary hygiene and something about city government, and along the line of advanced work she could do.

Miss Dyke: Not long ago I had a long talk with Dr. Cabot, and he said that the three years' course that a nurse had unfitted her for successful work, because the powers of the initiative were repressed in her. In 50 per cent. of the schools I do not think it is true. But, still, Dr. Cabot has stated and printed in writing that the training of the nurse teaches her to follow the lead and crushes all power of initiative.

Miss Gunn: Dr. Cabot makes that criticism, Miss Dyke, but he moves heaven and earth to get trained nurses as his social workers.

Miss Randal: A doctor, Madam President, goes through his regular course of four to five years, and he is then fitted for general practice. Then if he wishes to become a specialist he takes a post-graduate course. I think that three years is not too long to fit the nurse for her work, and then she is in a condition to absorb these special courses and make a success along her own line.

Miss Madden: Madam President, I think there is a danger of filling the three years with too many subjects, and giving the pupil nurse a smattering of various things. It seems to me that the three years' course is necessary for the nurse, and, as Miss Randal says, a further course can be taken later on. I think the teachers of nurses have difficulty in getting in subjects that are necessary to the pupil's education. I fancy a well-mapped-out preliminary course, taking scientific subjects in that way, and then spend, say, two years in the hospital having the instruction necessary in the art of discipline. You may know how to do a thing thoroughly when you have done it four or five or six times, but the continual doing of it is a necessary discipline in that work.

No army will be worth anything who simply drill in the field, say, a

month every year. The betterment is made by the continual drilling. It sometimes seems useless and altogether unnecessary, but it is a discipline of the nurse, and helps her to do the right thing and know how to do it well, and also removes from her mind the strain of doing it. It leaves her mind open to receive other impressions, and altogether it is extremely valuable, in my mind.

Perhaps the last six months of the nurse's time might be given up to an optional subject, such as public health work. Public health nurses are not the only nurses we need: we need private nurses all the time, and, in the first place, we have the sick with us always, and we need hospital workers. All of us who are in hospital work know how we need proper instructors, and how very difficult they are to obtain.

Miss Gunn: Third finding: "There is a falling off in desirable candidates. This is due to (a) the unnecessarily arduous course, making it imperative, in almost every case, for the women while training to cut themselves off from all means of culture. They work to the limit of their strength, and are expected to profit by lectures when they are physically worn out. Often they are obliged to listen to lectures from people wholly unfitted to deliver them. Then when the three years' hard work is over, they find themselves trained only in one line of nursing."

That finding brings out the point that all nurses are cut off from all means of culture during their training.

Miss Kirke: I think for many of our girls who come to us it affords them means of culture they have not had before, particularly those who come from the isolated country districts. I do not mean their educational advantages have been inferior, because we claim to have a very excellent educational system, and the girls have opportunities for taking advanced work, and it is very noticeable with many of our pupil nurses that they improve very much in matters of that kind. We notice a change, perhaps, in a year.

Miss Randal: Madam President, it seems to me we are a badly abused lot of people. I think the nurses have fine opportunities for all sorts of culture during their training. I also object to the long hours being one of the reasons, because I do not think it is true. I think the nurses improve in health, and, as they are always able to go to a dance, I don't think we are killing them. Really, I cannot see that we are so badly off as we might be.

A Member: I have spent practically all my life in the United States, and I would like to tell you that I have heard so many people say: "Why do so many Canadian nurses come over here to train, and why are they the best nurses we have?"

Miss Southcott: In Newfoundland a great many of our girls come from the outports. They have a very good education, but they

have not had much opportunity for what we call culture. We find they get culture to a great extent after they enter the training school, and are very much more cultured when they leave us than when they come to us. As Miss Randal says, they are always ready for a dance, and seem to have plenty of energy left after the day's work is over. I do not think we work our nurses too hard in Newfoundland.

Miss Madden: Someone has said that nurses are cut off even from going to church. Our nurses are able to attend church both morning and evening. Beside that, I do not think that our treatment of nurses in the training school is the reason for the lack of applicants. I think the great and tremendous growth of training schools is responsible for that. Perhaps in 1880 there may have been 25 schools. I do not think there were as many as that in the United States, and now there are between 11,000 and 12,000. I have known nurses a good long time. I have trained three years with them, and since then I have been teaching them and living with them, and I do not see the falling off that is spoken of. I think the falling off may be found among all lines of work. In the United States particularly there has been a great deal of criticism made along this line. We might say, do the colleges educate? I have known women with B.A. degrees who could not spell, and we occasionally have nurses who cannot spell. I do not think we are alone in not fully educating the nurses. I admit that education is not as good as it should be, but I think that education along all lines is unsatisfactory, and we welcome anything that is going to make it better.

Miss Gunn: In regard to the shortage of applicants, I think that the large hospitals are not having as much shortage as the smaller ones. I think that the young women like to go to the large centres to train. This leaves the small hospitals lacking. On the other hand, not so many years ago there were very few vocations for women, while at the present time there are vocations opening up every day that women may enter. As Miss Madden says, the hospitals are growing in number and size every year, and I think that, taken with the number of vocations opening up, would perhaps account for the shortage of applicants in the training school. I do feel that is the reason, and I do not feel it is the fault of education in the training schools.

President: There is one little adjective there that was overlooked, and that is desirable applicants. From the lists and from the statistics I was able to get, we found that the increase in the number of applicants was perfectly wonderful, but it is the decrease in the number of desirable applicants that the committee wants to bring up.

Miss Gunn: A few years ago, before registration was established in the United States, the desirability of the applicants was not closely

looked into. We have to live up to our registration standard. That may account in a certain degree for the desirability of the applicants.

Miss Gunn: Fourth finding: "Establish nurse training schools or colleges, in connection with the educational system of each province, the raison d'etre of which will be the education of the nurse, not as it is under the present system, the lessening of the cost of nursing in the hospitals. These schools should be separate in organization from the hospitals. The hospitals will be used to supply the practical training. This should be a regular course given under the direct supervision of experienced nurse teachers."

The school will have its staff of lecturers. There will be a regular pass course with certificate at end, if examinations—practical and written—are passed, and honor or special courses, in district and public health nursing, social service work, hospital administration, and in the training of teachers of nurses, for which special certificates will be given.

It is very desirable that something be arranged soon to provide some useful course for the young women between the years of sixteen or eighteen and twenty-one. Those most valuable years, so far, have been lost for most of our women, who have chosen trained nursing as their life work.

This committee would recommend that a committee be appointed in each province to work out a scheme along these lines of connection with the educational system of the province. Special attention is drawn to the part that the nurse training should play in any scheme of vocational training adopted by the province. A further recommendation is: That the whole matter be considered calmly, not from the personal standpoint, but from that of "Summum Bonum."

What is your desire about this committee?

Miss Wright: I should think that the most rational solution would be to ask a committee of Superintendents to deal with this report and go into it carefully and bring in their findings at our next meeting. I think the Superintendents are best able to deal with this matter and take that committee's report, and criticize it or approve it as they see fit.

Miss Cotter: I do not think this is a question to be left entirely in the hands of the Superintendents by any means.

Miss Wright: We could get the superintendents' point of view, and then deal with it as a body.

Miss Cotter: You mean we will wait for one year?

Miss Gunn: We can only accomplish that by having a mixed committee.

Miss Cotter: I would suggest that the Superintendents of the different hospitals of the provinces, along with members of the pro-

vincial associations, be asked to go into the whole question and report next year.

Miss Gunn: Do you mean, Miss Cotter, to have the superintendents of the training schools in each province?

Miss Cotter: Would that number be appointed by the Provincial Association, and how would the superintendents be appointed? Don't you think that the superintendents might be selected from the largest training schools in each province?

President: If you are going to refer that to the provinces, you will have to refer it to the organizations of the provinces, and the only organizations you have in the provinces are your Provincial Associations. Every province has a Provincial Association now excepting Prince Edward Island, so you can very easily refer this to the Provincial Association, asking them to appoint a committee, making a special request that they put so many superintendents on that special committee to work along that line, and then report back, I should think, to the Canadian National. The Canadian National includes the superintendents, and if we get the benefit of the superintendents' ideas, we also get the benefit of all the other nurses, and I think all sides of the question should be dealt with.

I think it would be a great mistake to pick out any hospitals. The best thing would be to have a letter sent by the secretary to the secretary of each Provincial Association, asking that a committee be appointed, with certain representatives of superintendents of training schools, and that they give their reports at whatever time you decide.

Miss Madden: I do think that the private nurse and the public health nurse ought to have a voice in this matter. They are really as interested as we are. It is not a matter for the superintendents at all. We may get narrow and see things entirely from our own point of view.

Miss Gunn: I think it would be well if we would decide to ask each Provincial Association to appoint a committee forming one large committee for the Dominion, each committee to bring in recommendations from the province, and that committee to consist of superintendents and private nurses and public health nurses, and have these committees report their findings in their own province, and their suggestions to the convener of the committee. Would it be well to have a convener for the whole Dominion? The convener should be appointed by the Canadian National. Is there anyone who will put that in the form of a motion?

Miss Wright put the above in the form of a motion.

President: There are a number of nurses present from New Brunswick who are forced to leave Saturday morning before the end of the session, and they are particularly anxious to have the registration session while they are here, if it can possibly be arranged. The execu-

tive decided it was the feeling of the whole association that we would transfer the Saturday morning session to to-night, and transfer the session that should come to-night to to-morrow morning. Is there any objection?

The next item is new business.

Miss Dyke: When are we going to appoint the convener of that committee?

President: That will be appointed by the new executive.

Miss Crosby: The editor of "The Woman's Century" is very anxious that the nurses should become responsible for a department in that paper. The editor wrote me some little time ago, and as editor of "The Canadian Nurse," I sent her some material for a column, but she would like the National Association to become responsible for a department. I told her I would bring this to the attention of our National Association at its annual meeting.

President: Is it your wish to have a page or column? Do you think it is advisable or inadvisable?

Miss Madden: I think we have not done our duty very well by our own magazine, and we might not do very well by another one.

President: There is a danger in refusing it, and a danger in accepting it.

Miss Crosby: It occurred to me that it is an opportunity for the nursing profession to identify itself with the women's associations. We have on that paper the National Council of Women, the Imperial Order of the Daughters of the Empire, and others, and it seemed to me an opportunity to bring the nurses' work before the women of Canada, and that we should consider the matter very carefully. Our work has not been carried along with the other workers. We have not worked with them, and I think we should co-operate. Some of their workers have been reporting on nurses' work. Now, we do not think that is right, but it is not their fault, it is our fault. We have not co-operated with them in these large things, and I think that we should, and it seemed to me an opportunity for us to identify ourselves with the women's work all along the line.

President: That is quite correct, and the danger, if "The Canadian Nurse" turns it down, is that some other person who is not a nurse will write about nursing in that magazine, because nursing is very interesting at the present time, and a great many of the magazines want to have opinions on nursing, and the result would be that they might put in a correspondence school nurse to deal with this column, or some doctor or other worker. That is going on all over the country to a much larger extent, I think, than the average nurse realizes. For instance, they are having courses in nursing in some of the agricultural colleges, and they are not appointing trained nurses to give these lectures. I have asked some of these

professors about it, and they have smiled and not given me an answer.

In one of the provinces they are editing little booklets on home nursing, and these were distributed at a meeting which I happened to attend. It was written by a woman who had never been inside of a hospital in a professional way. She happened to be the dean or secretary of the women students, and, in addition to her other duties, was detailed to write a booklet on home nursing.

That is why I feel that nurses, for their self-preservation, must go into that public life whether they like it or not. It has got to be done, or we are going to be back numbers.

In regard to the question about this page, I do not know just how this would be managed. I suppose the editor of "The Canadian Nurse" might send the items.

Miss Crosby: Madam President, if you have the editor of "The Canadian Nurse" send these items, the danger is that she sends the problems that loom largest in her vision, but if each province had some one who would contribute, take a certain month—I think the magazine is published monthly—and see that the column is filled for that month, it would be much better than to make any one person responsible for the whole.

Miss Wright: I would like to say, Madam President, that if you leave it to each province it will be just the same as "The Canadian Nurse." It should be undertaken by one woman who pledges herself to see that the column is filled every month; otherwise, leave it alone. And if we do leave it alone, we should send a message to the editor saying that everyone is very busy, but hope to be in a position to accept at next meeting.

Miss Dyke: Could the matter be referred to the same committee that is dealing with the matter of affiliation?

Miss Madden: Why not, if the feeling of the meeting is in favor of having this page, why not settle it now? I move that we accept the offer of a page in "The Woman's Century," and that the executive of this society appoint one person who shall be responsible for that page of the magazine to the society.

Seconded by Miss Cotter. Carried.

President: At the last executive meeting of the National Council of Women, held at Ottawa, the executive decided to again create a standing committee on nursing. That was after the motion that was sent in from the Superintendents' Society was read and discussed, and it was decided unanimously to have a standing committee on nursing.

That means a Dominion committee, with one convener for the whole Dominion, and there are representatives from every local council throughout the Dominion, appointed by each local council, and

from every federated society. Every federated society is entitled to two members, and each local council to the same number.

In your communities, see that you get in touch with your local Council of Women and find out if they have appointed these representatives, and if they are nurses. If they have not, ask them why, and urge them to appoint these representatives on that standing committee, so we may get together and get the plans outlined. This is merely in the form of an announcement that has been settled.

Miss Madden: May I ask who is convener of that committee?

President: I am, I am sorry to say.

Meeting adjourned till 2.30 p.m.

Friday July 10th, 2.30 p.m.

President: The first item of new business is the work in connection with the International Council of Nurses, with which the National Association is affiliated. As you know, the International Council meets in San Francisco in 1915, and there are certain matters that are going to be brought up there. The Florence Nightingale Memorial Fund and also Canada's part in the programme must be arranged.

I will ask the secretary to read some of the letters that we have received in connection with this, and then we will decide what form our programme will take and what our plans will be in dealing with the business that comes up.

A number of preliminary reports of the International were published, that is, one bulletin was published from the Publicity Bureau in San Francisco, something came out in "The Canadian Nurse," and then there was another article, and in all these articles Canada was blissfully left out, so I wrote Miss Goodrich, who is the president, asking why Canada had been left out, and if they intended to slight us, so we would know where we stood, and the first letter Miss DesBrisay will read is an answer from Miss Goodrich.

Programme was also read by Miss DesBrisay.

President: That will give you a very good idea of just how the thing may be handled. The two principal points we have to take up in connection with this are: First, the Canadian National's part in the programme of the International Council, and, secondly, the Florence Nightingale Memorial Fund. If we are going to contribute to that, and then in what way we will arrange to have that fund collected. As most of you know, the International at their last meeting decided to have an International Memorial to Florence Nightingale. This is to take the form of a chair of nursing in one of the universities in her own land—England—and all of the affiliated societies are to contribute to this fund, and the course established will be open to nurses throughout the world. The funds that are being collected in the various countries will be presented to Miss Goodrich at the Interna-

tional Convention. It has yet to be arranged who will present that and how it will be presented. I believe they wish to have it in the form of a pageant and have some fanciful way of presenting it.

How shall we go about arranging for the programme? As has been read, each country is allowed to have five papers, and they may select the subjects from a very large list that has been read. Each National selects its own subjects and its own writers, and each paper is to take not more than ten minutes to read.

Miss Wright: I should think Canada could easily supply five papers, and I would like to move that Canada undertake her share in that part of the programme.

President: The question is, what steps will we take to have those subjects selected, and have the writers selected? You see, that is supposed to be done by the National. It will have to be done before our next annual meeting.

Miss Wright: I move that that step be taken. It will take a great deal of thought and time. We will have to get the best women who we think can do the work, and then get the subject each likes best.

President: It has been moved that we leave the question of our part in the programme to the Executive Committee of the National Association.

Seconded by Miss Crosby. Carried.

President: The next subject is the Florence Nightingale Memorial Fund. I think the first question is: "Is Canada going to contribute to it?" It was decided by the International, so I suppose it is our duty to contribute, the same as it is our duty to contribute to the programme.

Miss Cotter: I would like to say, Madam President, that in Manitoba they have already spoken of this, and partly planned for some of the means and ways of collecting money for this fund. I do not know just what they will be, but at least a couple of our members have volunteered to give a tea or couple of teas.

Miss Wright: In British Columbia the idea is to have it a personal matter with every nurse. We do not want it to come from any association, but from each nurse. We are asking our nurses to give one cent per day, which will make $3.65 for each nurse, and we have asked the superintendents to get what they can, so we are hoping the pupils will give what they can.

Miss Gunn: I would suggest that the matter of raising the funds be left to each Provincial Association.

President: It would have to be, but it is well to get these suggestions. I think that it is well to hear of the different ways of raising funds, so that these would be suggestive to other provinces.

Miss Wright: In British Columbia we thought the sums given

by each individual province would be felt by each to be small.

President: The whole amount is given by the National from the Canadian nurses. The question is, Miss Wright, about it being only from nurses.

Miss Wright: It is in my own alumnae. They told me in Detroit that the idea was that the money shall be given by the nursing profession.

Miss Scovil: I think some of the English nurses are giving a day's pay each.

President: You see, the president of the National is the vice-president of the International. Will you leave it to her, or will you leave it to the executive? What is your idea, because some definite person should be responsible for that fund?

Miss Randal: I think the president could easily manage that. I do not think it would be a very great task.

Miss Madden: How long will the nurses have for their collections?

President: It is going to be presented on the 5th June. As I understand that article, whoever is chosen to present it will present it on that day to Miss Goodrich, so, of course, she will have to have it from the different provinces in time to go to San Francisco.

Miss Randal: I think if all the funds were brought in at our next annual meeting would be plenty of time, would it not?

President: I need hardly say that every nurse is expected to be in San Francisco next year. I hope you will all be there.

The next business on the programme is the election of officers. Will the convener of the Nominating Committee report?

Miss Pemberton then read the following:

President—Miss Wright, New Westminster; Miss Christina Hall, Ottawa.

First Vice-President—Miss Kirke, Halifax; Miss Sheridan.

Second Vice-President—Miss Cotter, Winnipeg; Mrs. Goodhue, Montreal.

Treasurer—Mrs. Fournier, Gravenhurst; Miss Judge, Vancouver.

Secretary—Miss Gunn, Toronto, Miss Breeze, Vancouver.

Councillors—Miss Randal, Vancouver; Miss Jean Browne, Regina; Miss Scovil, St. John; Miss McPhedran, Calgary; Mrs. Tilley, Brantford; Miss Rowan, Toronto; Mrs. Paffard, Winnipeg; Mrs. Hill, Winnipeg; Miss Ethel Morrison, Victoria.

President: Will those who have the right to vote stand, please, and take seats in the front?

At the suggestion of Miss Cotter, Mrs. A. W. Moody, Winnipeg, was added to nominations for second vice-president, and Miss DesBrisay, Montreal, for treasurer.

Ballots were distributed, marked, and gathered by scrutineers.

President: If there is no other new business to come before the meeting, we will go on with the Public Health Section. The papers are limited to five minutes, and I think it would be better to take them all and have the discussion later. Anyone who has anything to say on any special paper should make a note of it, so we can have it then.

THE VICTORIAN ORDER OF NURSES.

By E. Hall, Vancouver.

The Victorian Order of Nurses is the National District Nursing Association of Canada, with branches and cottage hospitals in all provinces excepting Prince Edward Island.

It is under one central authority, the Board of Governors, which is the large Board of Management for the Dominion. This is composed of: Five members appointed by his Excellency the Governor-General, who is patron of the order; two representatives of the Dominion Medical Association; one representative from each Provincial Medical Association; and one or more representatives from each local association, in accordance with the work done.

The royal charter provides as a first necessity that a "high standard of efficiency for all district nursing be maintained."

Nurses must be graduates in good standing of general hospital training schools, with a four months' post-graduate course in district work in one of the training centres of the order.

The post-graduate course covers child welfare, social service, milk station, tuberculosis, school, and other lines of public health work.

In the smaller towns we find the district nurse, the Advisory Board of the neighborhood. She is school nurse and social service nurse as well. Very often the only trained nurse for many miles—she is the local doctor's able assistant, and her influence is invaluable in the community.

In the cities, our work is principally among the poor and the small salaried families, with a little hourly nursing among the richer.

In these days we talk of the high cost of living, and the man with the moderate salary finds his cheque scarcely sufficient for ordinary needs. When sickness comes, he finds it impossible to pay a private nurse's fee. And certainly a nurse should not be expected to give her time, which ordinarily means her daily bread, nor to cut her fee and create a precedent it might be hard to overcome. In taking these undesirable cases from the private nurses, I think we befriend her. They are "hard" cases, in that little domestic help is kept, necessary supplies are not always obtainable, and when the case is finished, no money in view, and more remunerative work has been lost meanwhile.

The district nurse can handle the case with the assistance of some member or members of the family. The small sum charged will not

be burdensome, while the family keep their independence, knowing they can pay the fee asked.

From the nurse's viewpoint, district nursing is a very satisfactory work. The nurse's visit is the bright hour of the day to an invalid, who thoroughly appreciates her work, and at the end of a hard day the nurse can look back and call the hours well spent.

SCHOOL NURSING.

By E. M. Paul, Superintendent School Nurses, Toronto.

Throughout our work as nurses, we have been constantly stirred by the call of many voices that we should join in the great army advancing against the dread enemy that disease has through all time proved itself; and no voice has urged us more strongly than our own impelling ideals, whether personal ideals that we should mould our lives to the noblest ends, or national ideals that our people should as a whole advance towards the goal of perfection, physical, mental, and moral. Perhaps each of us thinks that the particular sphere in which we have done our work as graduate nurse offers best opportunities. I wish to speak to-day of what has seemed to some of us the strongest appeal of all, the office of school nurse. This is a national appeal; we have had visions of our Dominion peopled by a race strong in physique, clear in mentality, and clean in morals; it is more than probable that our first ardor was dampened by the harsh reality of conditions among men and women who are the Canadian citizens of to-day. But the dream haunted us; at last we began to see how the fulfilment of the dream could come—through the children of the race is our only hope. Can we make the children of to-day healthier in body and mind than their parents have been? Desultory efforts had so far proved unequal to the task; it was realized that the matter must be undertaken systematically. Where was the struggle—for it was to be a struggle—against disease to take place? Surely on the same ground where the school teachers are working for the intellectual development of the child—and in the school and through the school it must be.

When medical inspection of school children first became a regular part of school procedure it usually meant that the teacher referred to the physician children who appeared to her to have defects or disease. This led to much good, but also brought about two unfortunate results, viz., that many defects which were not apparent or seemed of minor importance were overlooked by the teacher, who, of course, could not be expected to have the experienced eye of a trained nurse; and, secondly, that those pupils who were excluded from school by the medical inspector often remained out for a long time, and probably were not treated at all. Who, then, was to come to remove these two defects of the system? It has been very generally conceded that the plan adopted, viz., the engaging of trained school nurses to join the forces

of medical inspectors, has made the system a genuinely effective one. It is of the work of the school nurse I wish to speak now in some detail.

Probably her work may for convenience be divided into three parts, finding disease, curing disease, preventing disease. How do we of the staff of school nurses in Toronto find disease? In many ways, and the following instances will show some of them. After each of the three holiday sessions, midsummer, Christmas, and Easter, a routine examination is made of every Public school child by medical inspectors; a similar examination is conducted by the school nurse every two weeks during the school year. By means of indexed cards, a complete medical history of each child is kept, covering the whole period of school life; this is one of the nurse's aids in detecting disease, for she will see by this if the child is susceptible to any particular weakness—of lungs, nervous system, etc. In her everyday contact with school children, the nurse will have many occasions of discovering defects, mental and physical. In consultation with the teacher she will learn of pupils mentally defective or backward, and on examination often finds that the health of the body has affected intellectual progress, and she proceeds to find the physical causes. The following is an instance: In a Boys' Home in Toronto all were apparently backward, for no boys were farther advanced than second book grade. The teacher said there was evidence of some mental deficiency in every boy, some of minor importance, some of graver nature. A nurse was appointed, and on investigation felt assured that physical defects were partly to blame, for she found deplorable conditions. A physician was called, who examined all, and handed over the cases to the nurse for treatment; she had several taken to hospitals or dispensaries, especially to have adenoids and tonsils removed and glasses fitted. This, followed by regular care, made a remarkable difference in health of body, and, consequently, such an increased capacity of intellect that two more advanced classes had to be opened at the end of six months. Probably the most interesting of the nurses' methods of finding disease is yet to be mentioned, and that is through the opportunity offered by her work, in following up to the homes cases already discovered in the school. A few concrete examples will serve to illustrate this. A rather persistent cough was noticed in a thin, pale girl in one school, and as the nurse happened to find a brother in another room in very similar condition, she decided to investigate, with the object of finding a probable cause in home surroundings. At first admission was refused, and questions only brought from the mother the assurance that the children merely had colds, and that no other member of the family had ever had tuberculosis, or even unusual colds. Not satisfied, she persevered tactfully, and did eventually succeed in finding the awful truth of the circumstances, viz., that the father was in the last stages

of tuberculosis, had been ill for years, finally losing his position, was now at home with the children all the time, and, in addition, was very careless in his habits, with the result that now the two children and the mother were slowly but surely in the grip of the disease. The case had escaped the notice of public health authorities, because the family would not call in a physician—it was left for the school nurse to discover and deal with these cases. It has been a frequent experience with us to find a really serious disease, e.g., scarlet fever by following up what was reported to us as a rash, especially in cases where families are poor, children neglected, probably both parents away all day working, and only by a visit from the nurse during the day has the disease been discovered and the children quarantined.

No need to wonder then, is there, when we find our cases? How to cure them is the next problem. Minor defects or diseases are treated by the nurses themselves in the schools, if the child is well enough to continue at school and have regular care at the same time. If the case requires hospital treatment, the parents are notified to have this done, and if this fails, the nurse—with the parents' sanction—takes the child to the hospital. Objections will arise here both from parents and children. Much tact, many explanations, and endless patience will usually win over the parents; and the children? Well, their love of a bargain often solves the problem: e.g., they can easily be persuaded to clean their teeth regularly when the nurse offers them a large tube of tooth paste and a tooth brush for only ten cents each; or they willingly submit to go to a dentist when she tells them she will cure their warts for every boy who will have his teeth filled. If it is defective sight that we discovered, we see that the children go to an oculist and are fitted with glasses. Our board of education has provided from forty to sixty pairs of glasses in a year for children who are unable to bear the expense themselves. Children with contagious diseases are excluded by the nurse. Within 24 hours the medical inspector calls at the home, and if it is a positive case he reports it to the board of Health. Frequently contagious diseases are discovered through our rule that no child who has been away from school two days or more for illness can enter his room again until formally re-admitted after examination by the nurse or medical inspector. Often our only chance of helping the cure of a case is by following it up to the home of the child, and there we do what we can by advice to the mother in regard to treatment, food, fresh air, or other proper home conditions, and probably by some assistance such as bandaging a sore, etc. Occasionally, however, things do not go so smoothly between nurse and parent, and after persistent refusal to have his child treated, if nurse deems child in danger, the father is summoned to the Juvenile Court, where law comes to the aid of the school nurse. In the case of tuberculosis, if it is a positive case, we endeavor to secure admission for the child

at Weston Sanitarium, and especially in tuberculosis cases are we unremitting in our searching out of home surroundings to see if there are other cases at the home not receiving proper care, or if any unwholesome, insanitary home conditions or habits can be changed so as to put an end to the possibility of contagion.

I have left to the last our preventive work, not because logically preventing disease follows finding or curing disease, and certainly not because it comes last in importance. On the contrary, we almost believe it is the first in importance, because it seems more far-reaching in its aims. There is a limit to the detection of disease; there is certainly a limit to the curing of disease; but the possibility of preventing disease seems not to be bounded by time or space, for we hope that the work we do to-day will be of perceptible benefit to the coming generations. In our optimistic moments we feel there is no limit to the number of people affected by our preventive work. I have mentioned incidentally our work in the home in finding and in curing; here, again, we believe the home is a great field for active influence. After a few visits, for one reason and another, we usually gain the friendship and confidence of the mothers, and it is easy to impart advice in regard to habits of living, wholesome food, proper clothing, methods of ventilation, and a hundred different ways of observing general laws of health. Here, again, we meet cases which do not come under our jurisdiction within the school, for, instance, younger children. Many a mother has afterwards expressed gratitude to us that we gave advice about a baby who would otherwise have grown up with a defect or disease of some kind. Our only grief is that we find so many cases that might have been thus prevented if the office of school nurse had been earlier instituted. As an instance, in one home a nurse found a boy of 13 who had never been to school because he appeared to be an idiot, no physician had been consulted, and he had been carefully guarded from the public health officer, indeed, from everyone who could give any help. But — "Enter, the school nurse"—and inactivity and neglect vanished. She subjected him to thorough examination; she found that he had almost every physical defect commonly found among children—adenoids, enlarged tonsils, cataract on both eyes, teeth and mouth in an unspeakably bad condition. Some of his defects could be remedied, but some were too advanced or had become chronic. Rarely has any one case proved to us so conclusively the "worth-while-ness" of early care, for we knew that boy's mental condition was largely due to neglect in the first few years of his life. Every few days we find new instances of some deformity which might have been prevented—facial deformities from adenoids or bad teeth, and even more frequently orthopedic defects of various kinds. Nurses have been so impressed in school and in home visits with the terrible consequences of neglect of infants and young children in that they are handicapped for life, that they

become untiring searchers after defects, and faithful attendants on cases until cured. If the State could only realize that a few dollars spent in prevention will save hundreds of dollars spent in hospitals and insane asylums!

Modern medical practice proves more and more the frequency with which human ills are caused by unhealthy or unclean conditions of teeth and mouth. To combat this, we have instituted tooth brush drills, and you would be interested to see at drill-time this veritable army brushing away with might and main. The children obtain at a nominal price tooth brush and tooth paste from the nurse; last year 8,391 tooth brushes and 11,780 tubes of tooth paste were sold to children, and really amazing results were seen.

From experience we know that many catarrhal conditions and other ills follow improper breathing, and we have endeavored to impress on all the importance of nasal breathing. The thing which made this a difficulty with the children was the fact that their nasal passages were rarely kept clear, so we instituted nose-blowing drills, and thereby we believe we have warded off adenoid growths, catarrh, and susceptibility to colds in very many cases.

Our visits to the mothers of our district have already been mentioned. There remains the story of their visits to us—and just as interesting and effective are these. We form in the school a Mothers' Club, with the mothers, the teachers, and the nurse as members, and certain mothers elected to fill the offices. The programme varies, sometimes a lecture from some prominent man, again the nurse gives a full outline of the purpose and method of her work in their school, or a medical inspector gives a talk on general hygiene. The memory of the first Mothers' Club meeting I held is quite vivid in my mind; we had a general feeling of excitement in making our preparations, for it was the old Duke street school, in a crowded and poor district. We hardly knew which fear was the greater—that no one should respond to our invitation or, on the other hand, that we should be overcome by an onslaught of hundreds! But we believe they have accomplished their purpose—a better understanding between nurse and mother, and a sympathy with the nurse in her work.

Real progress is made in any organization only when work is carried on with the future definitely in view. If better conditions are to exist in our schools five, ten years hence, we must begin to create those conditions now. This was one of the motives prompting the institution this year of "Little Mothers' Classes," a branch of our work that has already had gratifying results. In 19 schools our nurses are conducting these classes in rooms equipped with bath tub, hospital cot, weighing machines, etc. Little girls of ten and over gather about and receive practical instruction in every step in the process of washing and dressing an infant, first using large celluloid dolls until showing

themselves careful and sufficiently capable to have a "real live baby" entrusted to them. By having the information imparted in this attractive way, it becomes no longer a mechanical or disagreeable thing, but an intelligent piece of work to help with the babies in their homes. We believe that when the time comes for those infants to enter our schools they will have healthier bodies for having been thus intelligently cared for. But this is not all. Looking at the work from a still broader point of view, will not the next generation—the children born to these "Little Mothers"—be stronger and better in every way for the early training now being given in our Public schools? May this not be one factor in producing a higher class of citizens in our city? We plan that during the summer these Little Mothers will hold themselves responsible for the infants in their own homes or districts to the extent of reporting needy cases, or directing mothers to dispensary or milk depot, where advice or assistance may be secured. Thus will they prove the immediate value of their training, by becoming expert sentinels over the health of the baby world.

Probably the last of our preventive measures I shall mention will seem to you the most attractive, for we move out of sordid home surroundings, away from formal school rooms, and enter a veritable fairyland of trees and flowers, rippling waters, and grassy hills. Our Forest School was planned for the benefit of those anaemic and delicate children whom we had hitherto reluctantly left in June when school closed, knowing that the summer heat, poor food, and stifling air would send them back to us in the fall feebler than we left them, or probably have drained entirely their poor remnant of strength. Instead of abandoning them just when we are needed most, now we choose out carefully those who are tubercular, anaemic, or otherwise delicate, and for these the summer session begins. Let me outline a day at the Forest School —the children, by theway, spend the nights in their own homes. Transportation cars gather them up early in the morning and convey them to the Forest School, on a hill by the lake bank, on the outskirts of the city. Arriving at 8.30, they have breakfast, then study-hour until 10.30, when lunch of bread and milk is served. A play-hour follows, then at 12 a wholesome dinner. From 1 to 3 there are no sounds of merriment or busy hum of lessons, for they are in among the trees, each child wrapped in a blanket, fast asleep on a stretcher. Two hours of sleep in the open air on the lake bank give these children a better chance of a prolonged life than hundreds of bottles of medicine; and if you add to that three or four good meals, you are safe in predicting that every child will have gained immeasurably in health and vigor by fall. This year we have 120 attending the Forest School in Victoria Park, and in a few weeks we will have as many at the new school in High Park.

If you have so far formed any idea of our day's work, it will

hardly be necessary for me to add that our nurses are social workers in every sense of the word. For, in the first place, is not their duty as school and visiting nurse the very essence of social service? But, further, can you imagine any nurse in the position taking a merely mechanical interest and doing only exactly the work demanded? It will take little imagination to call up the hundred and one cases where she will be drawn on from nursing to aid in numerous other ways. Because our nurses are in touch with social workers, they frequently are able to find employment for mothers or fathers of their school children; they have through friends or charitable institutions provided food and clothing in hard times; they have interested themselves in older brothers or sisters and encouraged them to attend night school in order to qualify for better positions; they have been instrumental in opening pure milk depots, probably thereby saving many babies' lives. I recall one instance. A nurse noticed a child on the street during school hours, and questioned her—to receive no answer or even acknowledgment of the question—the child was deaf and dumb. The nurse followed her to her home, made enquiries, and found that practically nothing had ever been done for her. Pity, not unmingled with a little indignation, made her resolve that something should be done for her, in spite of obstinate relatives and various other obstacles—at first apparently insurmountable. Finally, she was admitted to Belleville School for Deaf and Dumb. A few months later the principal reported her one of their brightest pupils. We foresee a happy and hopeful future for one who would, without the nurse, have been doomed to a life as gloomy and helpless as any we can imagine.

Such is our work among the children of Toronto, i.e., among the future men and women of our city. The teachers can bear strong testimony to the effectiveness of the medical work, for they declare it is a pleasure now to teach compared with some years ago, for the mental standards are higher with better physical conditions; and just as truly are moral standards higher.

I should like to close with Dr. Gulick's comment on the school nurse:

"To sum up the case for the school nurse—she is the teacher of the parents, the pupils, the teachers, and the family, in applied practical hygiene. Her work prevents loss of time on the part of the pupils and vastly reduces the number of exclusions for contagious diseases. She cures minor ailments in the school and furnishes efficient aid in emergencies. She gives practical demonstrations in the home of required treatments, often discovering there the source of the trouble, which, if undiscovered, would render useless the work of the medical inspector in the school. The school nurse is the most efficient possible link between the school and the home. Her work is immensely important in its direct results and very far-reaching in its indirect influ-

ences. Among foreign populations she is a very potent force for Americanization."

"CHILD WELFARE."

By Helen N. W. Smith, Hamilton, Ont.

The tremendous summer death rate among infants, especially among those under one year, due, as is recognized the world over, in a great measure to improper feeding, led those interested in child welfare in the City of Hamilton in the year 1909, to put forth some effort to study this question of the prevention of infant mortality, to provide a suitable food for bottle-fed infants, and thus give the babies of our city a chance of life during the extreme summer heat.

A committee, with representatives from the Medical Society, the Medical Milk Commission, and the Victorian Order of Nurses, was formed to take charge of the work, and for the three summer months, for three years, clean milk was obtained, properly pasteurized, made into suitable formulae, and sold to the mothers from various depots throughout the city. Although the results obtained were highly satisfactory in the saving of babies' lives, it was not educating the mothers along the broadest lines, and the financial strain was such that the committee felt that some better method must be adopted, if the work was to be continued.

In June, 1911, the Babies' Dispensary Guild, Hamilton, Inc., was formed, to work continuously throughout the year. This society is under the management of a Board of Directors, who control the finances, and under whom work an advisory Board of Trustees, a Publicity Committee, a Medical Board, who control things medical and appoint a medical staff; a Woman's Board, who control the relief work of the dispensary, assist the Board of Directors in the collecting of funds, etc.; and the dispensary staff, which began with one nurse and a clerk. The second year the number of nurses was increased to two, with a relief nurse for three afternoons a week, during the summer months, and at present three nurses are engaged in the work.

Daily clinics, omitting Sundays and holidays, are held at the dispensary, at which are present one of the medical staff, two nurses, and clerk. Here new cases are admitted and mothers return for advice in the change of feedings. A complete history of all previous feedings given and of the habits of the baby, etc., is obtained from the mother when the baby is admitted, along with the name, address, nationality, wage-earner's income, by whom referred, and the name of the family physician, if any. The baby is then weighed (entirely undressed, whether sick or well), temperature, pulse, and respiration taken and recorded. The patient is then ready for the doctor, who,

after a thorough examination of the child, prescribes a feeding and gives the mother any other advice necessary. The mother then returns to the nurse, who more fully explains the doctor's orders, and, if it is a bottle-fed infant, makes arrangements with the mother for the demonstration of the feeding during the following morning. We find it a much better method to have the mothers return to the dispensary, if possible, rather than have the nurse go to the home. The mothers can often be shown in groups of two or three, there is no delay in the preparation of utensils, and the nurse's time, necessarily spent in going from home to home, is saved. The mother leaves the dispensary after the demonstration with her baby's food made for twenty-four hours, and provided with everything necessary, such as bottles, corks, nipples, etc., at wholesale rates, or entirely free of charge, if necessary. This method provides individual feedings for each infant, as well as giving greater educational advantages to the mother than that given in the older way of selling prepared formulae.

The following day the visiting nurse goes to the home, and as far as possible sees the mother make the food, sees that the bottles are kept in a proper place, etc., and while doing this incidentally makes a complete social investigation of the conditions of the family, finds out the number in the family and others living in the house, the number of rooms, the rent paid, the church attended, other dispensaries and charitable organizations visited by the members of the family, etc. It is not always possible to secure all this information during the first visit, but this is done as soon as friendly enough relations have been established. Succeeding visits are made by the nurses, perhaps at first every second day, then weekly, then once or twice a month, depending on the condition of the baby and the intelligence of the mother.

Breast-feedings are always encouraged by the doctors, and the number of breast-fed infants in attendance is gradually increasing. These mothers, if the baby is well, return only once in the month for advice and to have the baby weighed. Otherwise, simple whole milk dilutions are ordered, sterilization being used during the summer heat, only certified milk in pints or quarts sent to the home daily. In the outlying districts, various central grocers have kindly consented to allow us to use their stores as depots, where the milk can be left in iced cans, until called for. The mothers are asked to always return on the same day of the week, as the same doctor attends clinic weekly for a term of three months; thus the various doctors keep their clinics intact.

The certified milk and necessary supplies are sold to the mothers at wholesale rates whenever possible. Relief, when necessary, not only of milk and supplies, but also the giving and lending of clothing, baby carriages, blankets, etc., is under the direction of the Women's

Board, and the expense is covered by them. Whenever possible, relief is obtained from church or national society. A record of expectant mothers in attendance is kept, and the visiting nurse makes more frequent calls to their homes, giving necessary advice and assistance with clothing, etc., when needed. To further this pre-natal work, during the winter months classes are held weekly, members of the Women's Board taking charge and giving instruction in the cutting out and making of suitable garments—the material used being sold to the mothers at wholesale rates—short talks on personal hygiene, ventilation, etc., and short practical demonstrations, such as the bathing and dressing of the baby, etc., are given by the nurses. We hope, at a not far distant day, to have a staff large enough to devote one nurse's time entirely to pre-natal work.

About one thousand patients, not including some that for financial reasons have been referred to their family physician, have been admitted to the dispensary since its organization, from one hundred and seventy to two hundred are in active attendance, and the daily clinics vary from ten to thirty during the summer months.

Results of the work of the Guild are best shown in the comparison of the deaths of infants in three years from gastro-intestinal troubles. In 1908, when there was no organization at work supplying clean milk and giving education to the mothers, 57 per cent. of the total deaths were from gastro-intestinal disturbances. In 1909 and 1910, the two summers that the committee were at work, 55 per cent. and 50 per cent., respectively, were gastro-intestinal. In June, 1911, the Guild began working continuously throughout the year, and the percentages of deaths from gastro-intestinal troubles dropped to 28½ per cent. of the total deaths, in 1912 to 25 per cent., and in 1913 to 23½ per cent. These results are encouraging, but we feel that closer co-operation is needed with municipal health and relief departments, with the immigration office, with the hospitals, the churches, and all philanthropic and charitable organizations, and that some sort of clearing-house or confidential exchange is needed before any of the various lines of this educational work can be carried on efficiently and with proper conservation of time and energy.

HOSPITAL SOCIAL SERVICE.

By Jane Grant, Social Service Department, Toronto General Hospital.

A year's experience in attempting to do social service work, in connection with a large public hospital, has but served to show the difficulties into which social workers are liable to fall when taking up a new work, in a new city, under new conditions.

Many nurses over the length and breadth of the Dominion are taking up this new phase of hospital work, meeting with the discour-

agements and failures of so new a venture with brave hearts, realizing that they are the pioneers of the new ideals of hospital responsibilities, and asking of the public a friendly spirit toward their failures or imperfections.

My experience, as worker at the Toronto General Hospital, may lead you to expect advice and instruction which would benefit you personally, but this I feel entirely unable to give, because, though the fundamentals may be the same in every hospital, it is the general aspect of the city charities, whether they are united or divided, that makes the work difficult or easy. For instance, if you are in a city where there is a perfect organization for relief under business management, your relief problem is already solved. Where there is over-relief, you must strive to offset the pauperizing of the people; where there is under-relief, you have to stimulate the public conscience.

In allowing your department to become merely a relief-giving agency, you lose for your work the truer, deeper meaning of social service; you are imposed upon by the people whom you are trying to uplift, and the public sees in you only another alms-giving centre.

By co-operation you can make use of all the agencies already in the field for serving the people financially. To many relief is all that is understood by hospital social service, but to the initiated it is merely the outer shell, and does not touch the soul of the enterprise, which is the assistance given the physician to fill in and round out by prevention, education, and consecutive endeavor, the work begun within the hospital walls, and only completed when your patients are as normal physically as it is humanly possible to make them, in the possession of happiness, which is not necessarily found in wealth or prosperity, but in being able to discharge their duty as citizens towards their own families and to the community at large.

Nurses, I believe, can best understand the viewpoint of the physician; therefore, every worker in the department should have nurse's training supplemented by a social training, such as will be given by the University of Toronto this fall.

You have before you the task of educating your board, your hospital executive, the doctors, and nurses that the social worker is not merely a giver of alms, but a personality going in and out of the hospital and the homes, interpreting the hospital ideals to the people and bringing to the doctors and nurses the simple needs of the people other than medicine and treatment, thus creating a more perfect understanding between the large institution and the humble home, with all its human interest. In my opinion, this can only be done by specializing, as this is the age of specialization, and as the physician finds that to-day he cannot be all things to all men, so the nurse as a social worker cannot do her best except along special lines laid out in the direction where her interests or her qualifications lie. Miss

Cannon, in her book on social work in hospitals, classifies the greatest needs under the following heads: The tuberculous, the convalescent, victims of chronic diseases, unmarried women, the syphilitic, the mentally unbalanced, employment for the handicapped, etc.

Could we have a nurse for each of these subdivisions under a doctor interested in social problems as well as medical ones, the usefulness of such a worker would be unquestioned. In Boston and the larger American cities they have such workers, but we in Canada have to go more slowly, first showing our people the advantages of such a department of personal service.

As an example of specialized work, I will give you a short sketch of the work for crippled children carried on for five years in Cleveland. It began when a band of women decided that a young crippled girl should have a chance to receive some education. A private school was started, but very few pupils could be found to go until a visiting nurse was employed to investigate all cases of cripples not attending school. This led to the more urgent demand of the physical need of these children, and close co-operation between Lakeside Dispensary and Hospital, and the Convalescent Home at Rainbow Cottage, and the Cripple School. At the end of five years the demand was so great in these institutions that new buildings were required, with a daily attendance in the Public School for Cripples of between 80 or 90 children, in addition to the hundreds cured or helped enough to enable them to attend the regular school.

This is specialized work, where you can see results, and unless a worker can see these results her service must become automatic and useless. I would have every worker doing her work in her individual way, work that is personally interesting to her, so will the people receive true service.

ARMY NURSING.

By Georgina Pope, Garrison Hospital, Halifax.

Ever since Miss Nightingale and her little band of heroic women, filled with pity for the sufferings of the sick and wounded in the Crimea, offered to go and "do what they could," England's soldiers have been nursed by "Sisters." These brave women left for the seat of war on October 21st, 1854, and a little later all England rang with their praises and the blessing of many a poor suffering soldier fell upon them. . . When the war was over, they came back, "crowned with laurel," but, alas; having paid their toll to the hardships endured, several of their "roll call" missing, gone to receive their eternal great reward. . Little did they then foresee the great organization that would grow from this "tiny grain of mustard seed." Nearly sixty years have passed away since then, and to-day Q.A.I.M.N. Service cares

for the sick or wounded soldier all over the Empire, both in war and in peace. As I have no doubt most of you know, there is at the head of this service a matron-in-chief, and under her vice-matrons, sisters, staff-nurses, and probationers. (These probationers, in a military sense, only, are "trained nurses.") They are liable to serve at stations throughout the Empire, having five years' foreign service each, not counting "active service": this gives great opportunity for broadening one's ideas and gaining a vast knowledge of the many sides of life. The matron-in-chief has her room at the War Office, and her staff of assistants, from where, in conjunction with the Director-General of Medical Services, she arranges for the work of her department. At Netley Hospital, of 1,500 beds, there are a matron, vice-matron, some thirty sisters, so many staff nurses, probationers, etc. Each sister, with an assistant staff nurse, has a division of eight wards, of ten beds each, with a nursing and general duty orderly for each ward. Over these orderlies is a staff-orderly, who is an N.C.O. With the sister, he accompanies the medical officer in his rounds, when they receive the daily orders. This staff-orderly belongs to the nursing staff, is trained in nursing, and has under him in each ward a trained private and general duty orderly. Upon joining the Royal Army Medical Corps, the recruit has his choice of becoming a nursing orderly or general duty orderly; these latter do the cleaning, or "pioneer work," as it is called, and are eligible for fatigues, from which the nursing orderly is exempt. The night staff of nursing orderlies go on duty for two months at a time, while the general duty ones take reliefs at night, like the ordinary regimental soldier, once in so many nights. Some of the nursing staff become most efficient nurses, and take responsibility well, so that in the non-sisters' wards, or "orderly's cases," good nursing is assured.

In Canada, where the Permanent Army Medical Corps is a small unit and there are but one matron and four sisters, the men are recruited for general duty and nursing combined, giving the sister great responsibility in serious cases. Halifax, which has a hospital of one hundred beds, has a matron and two sisters, with generally an A.M.C. nurse attached for duty. Kingston and Quebec have small hospitals, with a sister in each.

A trained nurse includes in her curriculum the ability to meet all emergencies, but the "even tenor of her way" in a well-ordered civil hospital does not often offer the chance to develop this ability as does active service or nursing in one of our military hospitals.

In Halifax during the winter months we have a class of Army Medical Corps (Militia), N.C.O.'s taking "courses," which consists of stretcher drills, Fatigues, lectures, and practical work in each department of the corps including nursing in the wards. Some of these men prove very good material, and occasionally join the permanent

force. In May of each year a course is open to A.M.C. nurses, that is, any trained nurse who has had herself enrolled in the militia list; this course is to qualify her for camp duty or active service, and is invaluable in fitting her for the work to be done there; to learn something of the mysteries of red tape, of how an army is clothed and fed, the system of "diet sheet," of the different ranks of officers and men, of what is due to them and expect from them, so that she will not (as did one of my recruits in South Africa) ask a magnificent-looking sergeant-major, W.O., to do the errand of a private. . . To learn how to write an official letter, to receive lectures on the general administration of the medical service, intermixed with an initiation into the idiosyncracies of Thomas Atkins in sickness and in health, makes an interesting course of study and fits one to feel quite at home if called upon for active service or camp duty, besides rendering these services much more valuable. No one knows what trials the volunteer nurse had to go through in South Africa ere she mastered a little of the red tape. . . I well remember my own first experience at Wynberg, Cape Town, where the patients were in huts of twenty-four beds each. Four huts, containing about eighty patients, were handed over to me the morning after I arrived, two of them in charge of a civil surgeon (who had not absorbed much more red tape than I), and the other two, one of which was filled with Boer prisoners, under an officer R.A.M.C. There was a ward-master for the division, and two orderlies for each hut, all of whose rank or duties were unknown to me. Requisitions for medical and surgical supplies, diet sheets, extras, chits for Red Cross comforts, special summaries, etc., had to be made out, all bewildering me greatly . . . while case after case of sorely-wounded and suffering men had to be dressed or attended to. Between 10 and 12 the P.M.O. and his staff made rounds a passing general with his A.D.C. came to visit the sick of his division, the field officer came for "complaints," the orderly medical officer came to inspect dinners, until one was lost completely in the maze of a working army. . . . However, after the manner of the kind "Tommy," I was soon instructed. Ward-master, orderly, and patient were equally willing to teach, until in a week or so I had learned the mysteries of the diets and the cook-house, steward's stores, pack stores, medical stores, Red Cross comforts, even Mrs. Dick Chamberlain's library became dear and familiar spots, whilst shouts of "Shun" and bodies of visiting officers, with red staff tabs, ceased to alarm. The camp season in Canada begins in May and lasts into October. All our militia N.C.O.'s have ere this gone back to their own units, and, in addition, we have to send an N.C.O. and private from the permanent corps to each camp; a medical officer and man of the corps has to attend all shooting parties, salute firing, etc., which occasions occur frequently, so that there are times when the hospital is sadly depleted, and we are obliged to ask

for regimental men to carry it on. . . They, though kind and willing, are not able to take responsibility or carry out treatments. Then the sick from the nearby camps are sent back to hospital, which makes a daily uncertainty of what to expect; though the health of the camps is wonderfully good on the whole. Many of the men are unused to life under canvas, especially in the uncertain climate of the Maritime Provinces, so that tonsilitis, diarrhoea, rheumatism, etc., often assail them, besides accidents of various kinds; thus you see that life for the sister is often made up of the unexpected and routine is an exception. . . In September the A.M.C. sisters begin to take their twelve days' annual course, and during it the permanent sisters generally have their leave, which is a month each year. During the early days of the South African War, before the reservists were sent out, we were very short-handed. After the sad lessons of Graspan, Belmont, the Modder, and Magersfontein, everyone worked very hard early and late. A sister would have on night duty several hundred patients, making complete rounds every two hours to see that the orderlies carried out their duties, and herself care for the most serious cases, with whom a special orderly would be stationed. As these orderlies had done duty during the day, and would be on again next morning, the guard would be changed every two hours to allow them some sleep, so that after coaching one man in his duties on one round, one would more than likely find a stranger in his place on the next visit, good-natured, but very sleepy, "the spirit willing, but the flesh weak," and the sister learned to trust Providence and a wakeful comrade. . . . One is often touched by human kindness here and there in life, but the best instances I have ever found have been in the care of a soldier for a sick comrade. Some men will not know half the men of his regiment, but for those of his own company there is an esprit-de-corps unequalled, and the tenderness shown to their sick or suffering companion is sometimes beautiful to witness. I do not refer to this as called forth by experiences in South Africa only, but to be seen at any time. There is a serious case in our own hospital here, and it never fails to impress me deeply. The oft-abused soldier illustrates the Gospel lesson in a way that would open the eyes of those ready to abuse him, while the many times they give a day's pay for the widow and orphans of a dead comrade is most touching. . . .

To go back to the red tape of the service, it is inevitable. . . . One sees this as one learns that things must go through proper channels to come out right in the end. Kipling sums it up well in his account of a Field Day in India, given in honor of some visiting magnates, who were delighted and impressed, and wanted to know how it was done. "There was an order, and it was obeyed," was the Viceroy's answer. Responsibility of a general officer commanding is subdivided until it comes down to each detail—we are all details of a unit

—if each detail does his duty it all falls into an organized whole, and so success in each department is assured. . . Sometimes red tape is funny as well as irksome. Asking a patient one day if he had a certain disease, which seemed evident, he gravely replied: "No, sister, that is not a regimental disease, I can't have it." . . . I was much amused, and found later that the military nomenclature gave it another title, for instance, gastritis would be put down under "inflammation of the stomach," to bring all the inflammations under one head. . . Then occasionally one is "held up" by red tape, like poor Queen Marie Antoinette waiting shivering for her chemise while her ladies were squabbling over their precedence in giving it to her. . . .

A soldier's privilege is to grouch. . . . He enjoys it as some persons "enjoy bad health." . . . But many a Tommy leaves the service after his time with the colors is expired, only to come back after a short experience of free life, or, as he puts it, "takes on again." He is used to discipline and obedience, and he likes it, with the privilege of grouching thrown in. And he always respects most the officer who is strict and upholds authority. The success of the Jesuit Order is no doubt largely due to the fact that St. Ignatius had been, before becoming a religious and a saint, a strict officer.

I have been a nurse for nearly thirty years, half of which time has been spent in the various experiences of New York and Washington hospitals, and the rest in military service; and while I owe allegiance to my Alma Mater, old Bellevue, who is the mother of training schools in America, I owe my first desire thus to serve my fellow-creatures to the heroic example of Miss Nightingale of glorious memery, but I owe perhaps the greatest happiness I have found in the profession to the "thank you, sister," of the grateful soldier. . . .

"DENTAL NURSING."

By Jessie B. Mathieson, R.N., Toronto.

The year 1872 marks the first step towards caring for the teeth of school children. Dr. J. G. Adams, a philanthropic gentleman, and his wife, feeling called upon to do some missionary work, came to Toronto and busied themselves among the poor people. From experience, personal observation, and investigation, the doctor discovered the unhealthy and neglected condition of childrens' mouths. In this work he saw what his mission was, and set forth with energy and the best of intentions.

He had his private office on the corner of Yonge and Elm streets, and a Dental Hospital was established on the corner of Elm and Terauley streets, the district now known as the Ward. The doctor set about examining the mouths of children in several city schools, including Boys' and Girls' Industrial Schools, Rescue Home School, Newsboys'

School, Bethany School, and the Creche. He visited these schools twice a year, and arranged for the children to be sent to the hospital for treatment, where he employed at times seven and eight operators. The amount of aid he gave gratuitously was enormous.

Dr. Adams did his utmost to get a Municipal Clinic established, but failed and was laughed at from different sources. It took forty years for the public to realize the great necessity of keeping children's mouths clean, in order to keep the teeth from decay.

The next step in this direction was taken by the school nurses in Toronto, who collected subscriptions among themselves and presented a dental chair to the Earlscourt school. It was not in operation until later, when a system of dentistry was instituted in several schools and a staff appointed. Before this, however, through a grant from the City Council, the Board of Health was enabled to establish a Municipal Clinic on the corner of Yonge and Grenville streets. The three chairs and supplementary equipment, with which it is so efficiently fitted, have been supplied by two or three of Toronto's generous citizens, and some of our leading dentists who are interested in the welfare of its poor children. The city is responsible for other necessary furnishings and the salaries of its staff of six dentists.

Friday, being extraction day, is one of our busiest days. Only children whose parents are financially unable to meet the expense entailed, are admitted to the clinic. The number of these is decided by the school nurse through her home visitation. At the beginning of each week the number of patients which the clinic can accommodate on the following Friday is sent to the superintendent of school nurses, who selects the school from which these patients shall come. The school nurse gives them a red card, which is sufficient to admit them for free treatment at the clinic. Some Fridays we have forty or more children. In some cases only extractions are necessary, but the majority of them have to return for treatment and fillings. This further treatment necessitates appointment, which occupies the full time of the clinic staff during the following week.

After each case has received full treatment, this card, which has been retained at the clinic, is stamped "Completed," and is returned to the school nurse by the child. The children on the whole are well behaved, and are quite proud when their teeth are completed.

The nurses' duties at the clinic are similar to that of the unsterile nurse in an operating room. The operating trays, being porcelain, are sterilized in a tank of formaldehyde, and are changed after each patient. The aluminum cups which are used at the chairs are changed and boiled after each operation, the same as the instruments. The nurse is responsible for the renewal of supplies in the cabinets and assists with anaesthesia cases. The anaesthetic used almost exclusively is "somnoform," the bag and inhaler being carefully sterilized after

each case. The following is the total amount of work done in the month of May:

Teeth extracted	927
" treated	539
" filled	704
Somnoform cases	40
Local anesthesia cases	78
Emergency, or toothache	131
Patients completed	240

A large percentage of the teeth extracted are temporary or deciduous teeth. At almost the age of four, the roots of the deciduous teeth, by absorption, gradually become shorter, causing the teeth to loosen, and at about seven years of age, the first ones of this set are shed and replaced by permanent teeth. A period of about four years is required for the shedding of the deciduous teeth, and the eruption of the corresponding permanent teeth, so that the last of the deciduous teeth are not replaced until the child is eleven years of age. However, at the age of six, before any of the deciduous teeth have been shed, a large grinder appears behind the second first molar. This is the first permanent molar, and if it is lost, it will never be replaced. The first permanent molar is the largest tooth in either set; it has the longest period of usefulness, and, being the most valuable of all, its preservation is very essential. The extraction of no other tooth is liable to interfere so greatly with mastication or to produce so many evils. When we remember that it is situated in that part of the jaw where the greatest extent of growth should take place, we can understand how its early extraction may interrupt a proper development of the jaw and cause irregularity in the permanent teeth. In fact, the loss of the first permanent molar is one of the most frequent causes of irregularity in the permanent arch. The fact that parents do not know that this is a permanent tooth, makes its preservation one of the most difficult problems in dental work.

A large number of the children coming to the clinic, after they have reached the age of eight years, have to lose two or more of these teeth, simply because they have not kept them brushed, and the decaying food around them has formed acids and gas, which destroys the enamel. Then a cavity is formed, from which more acid exudes from the decomposing food therein. These cups of decomposing food are regular hotbeds for germs of many diseases, and the victims are actually mixing the decomposing mass with all the food and drink they take. It is a well-known fact that the great majority of communicable diseases enter the system through the mouth and nose. If these orifices are in a healthy condition, the germ that would develop into disease is detained and destroyed by the healthy body forces. On the other hand,

if these orifices are giving off effluvia from decomposition within, the germs at once develop into myriads.

Measles, scarlet fever, and mumps all gain entrance by the mouth and nose, and from these cavities, invade the blood, stream through the tonsils and adenoids or unhealthy spaces adjacent to the mouth, which have become saturated with decomposing products. The eruptions of these diseases can be seen in the mouth and throat many hours before the systemic saturation has become sufficient to show elsewhere. For this reason, it is imperative that the mouths and throats of school children be periodically examined if any degree of perfection is to be obtained in the control of contagious diseases.

Good teeth are essential to good mastication, while without them the general health cannot be maintained in its highest possible degree. That this truth is rapidly becoming more and more appreciated by the general public, is evidenced by the rapid advance of dentistry as an art science during the recent years, and the great benefit resulting therefrom to the health of the present generation and to the generations yet unborn.

This short review gives certain proof of the necessity for unlimited expenditure by the "board of health" among the poor children of our city schools; does it not mean the preservation of the general health of our future population and the making of good citizens? For the citizen of to-morrow, we must begin with the child of to-day.

WELFARE WORK IN FACTORY LIFE.

By Frances E. Rankin, London, Ont.

"Welfare" has been defined as "anything supplied by employers for the welfare of employees, that they are not compelled by law or expected by common custom, to provide."

Every field of welfare activity must have its own special conditions and circumstances, which will call for corresponding differences in the methods used in the endeavor to promote the objects that are the reason of Welfare.

Instead of undertaking any general discussion of the subject, I shall confine myself to a brief review of the field, and the efforts to meet the needs found in it, presented by the McClary Manufacturing Company's works in London, Ont., which has been the sphere of my own experience in Welfare work.

McClary employees in London number 1,300 or thereabouts, men and women and boys and girls of statutory age; many, if not most, of the men being married and having families. This goes to swell the number of those coming within the range of Welfare work. As these men and women are all (with the exception of that small, casual number, coming and going, always found in large concerns) in steady

employment and receipt of wages, it will be apparent at once that the ideas of pauperism and charity are excluded from Welfare work, as known here. Still, it must be remembered that many of these could not be described otherwise than as poor, and some of them are very poor.

The efforts of the Welfare department of the company's works are directed to promoting the comfort and convenience of employees, so that work may be done without anything in surroundings or conditions unnecessarily trying or detrimental to those who do it; that all available time for rest and recreation, such as the noon-hour affords, may be made restful and pleasant, even profitable; to promote frequent opportunities for social gatherings among employees; and to provide occasional entertainments, musical and other kinds, without anything more than actual cost to those enjoying them.

And beyond these is the help to intellectual self-culture afforded by a library of standard works of fiction and more substantial works, including technical books on subjects, many of them pertinent to work carried on in the industry. As to the use of the library provided, books being lent for 1 cent for two weeks, that is, and always will be, a matter subject to the taste and discretion of those to whom the opportunity offers; and the oversight and care of the health of this little army of workers; and, lastly, though often of prime importance to those concerned, is the provision to assist materially those who, through some unlooked-for adversity, are for the time being placed in such a position that, without such assistance, they would be either pushed to the wall or burdened with a debt that, though it might be small in itself, would be disastrous in proportion to the ability to meet it.

I shall attempt to describe briefly the means available, and efforts made, to carry out these objects.

As to comfort and convenience of employees: Regulations as to space, lighting, ventilation, and sanitary conveniences of workshops are subject to statutory enactment; still, it is quite possible to comply wih the literal terms of the law, and yet have workshops neither comfortable, convenient, nor sanitary; but the McClary shops, which were built before Welfare was born, seem to have been designed with a view to attaining the object, rather than merely complying with the letter of the law, and are conceded by workmen, inspectors, and visitors competent to judge, to be convenient, comfortable, and sanitary. And while this has no formal connection with Welfare, it illustrates the sentiment that is assumed to underlie the idea of it.

It will be necessary only to name such things provided by the company as sanitary drinking fountains, cloak rooms, lockers throughout the works for clothes, bathroom for women, where a bath may be had at the nominal cost of five cents; shower bath free for the

men working in the enamel rooms, where the heat is unavoidably great; the general attention to the cleanliness of the work, and all other rooms; and care to see that each individual has his own rights and respects those of others.

I shall, however, speak a little more at length of the dining room and cafe, which are distinctive Welfare features, provided by the company. The dining room is a large, clean, airy, well-lighted room, which in winter is also well heated, provided with tables and benches sufficient to accommodate the hundreds of men who gather there at the dinner hour; I might say also that this room is supplied with the daily papers and magazines and a piano. The men mostly bring their dinners with them, which they supplement from the bill of fare of the cafe, which, though plainly served, is prepared with all the care and skill of much more pretentious restaurants, and at a price as near as possible to actual cost; and what they bring, with what they can get at the cafe, makes a substantial hot dinner, eaten in comfort and under pleasant surroundings, and costing practically no more than it would at home, as may be seen from the following regular bill of fare:

Bill of Fare.

Fruits in season.

Soup (hot)	3 cents.
Sandwiches	3 "
Egg sandwiches	5 "
Pork and beans (hot)	3 "
Tea, with milk and sugar	1 "
Coffee, with milk and sugar	1 "
Milk	2 "
Hot Oxo	3 "
Bread and butter	1 "
Pie	4 "

The aim of the Welfare is, by careful buying and management, to make the cafe self supporting, which has not yet been accomplished, the end of each year showing a deficit, the last between the two cafes (factory and foundry being located in different parts of the city), amounting to five hundred dollars, which the company met, the cafe account being kept separate from the general Welfare account.

The Welfare, whose aim is, being once set on its feet, to make itself self-supporting, has only, as its regular source of income, the sale of advertising space on the dining room walls, the gum slots stationed in the dining rooms, and the revenue from the renting of umbrellas, and from the loaning of books from the library; besides these, such things as fortune may put in its way, as, any surplus

which may be realized from amusements, such as dances and concerts, or the nice little sum of $47 made on discounts on the price of maple sugar and syrup that it had the chance to get from Quebec this spring, and sell to McClary people at wholesale invoice price. In addition to these, there are many donations received of money, provisions, clothing, furniture, bedding, toys, flowers—anything, in fact, that has a turn of usefulness, amusement, or beauty left in it.

To return for a moment to the dining room. During the noon-hour the men have frequent opportunities of hearing speakers who have knowledge or ideas to impart on many varying subjects, as well as having frequently concerts kindly provided by outside organizations, or furnished by the musical talent of McClary's; and, besides these, they have different games, including carpetball, and in this way is rest and recreation made a part of the noon-hour interval.

The women and girls also have their own dining room, with a rest room, and their own piano, reading matter, and amusements; and another convenience, as well as being a source of income, is the "Welfare umbrellas," that are rented on rainy days to those needing them for the sum of one cent.

As to social gatherings, it will only be necessary to say that they are of such a nature that young women and men, and the men and women also who, though no longer young, can for a time forget their more mature years, everywhere find pleasure in.

The company also provides savings bank facilities for its employees, receiving on deposit any amount from 25 cents up, upon which interest at 4 per cent. is allowed, the only condition being that it cannot be drawn before the 15th of December, which makes the amount saved available at the time when it is usually most needed. The savings last year amounted to nearly $25,000.

And last year the Welfare was able to supply 650 tons of coal to employees at cost.

We come now to consider the subject of health, from the Welfare point of view, so I need say nothing of the work of the two medical men always employed by the Benefit Society of the works.

The company have small emergency hospitals (I might say here that Welfare work is identical at both factory and foundry), fully equipped to give the needed first attention to all accidents which among so many men, with so much machinery, are inevitable, and where minor operations are performed, most of the accidents being minor injuries. We have, as well, "first aid" men in all departments of the works.

The company provides the services of the nurse, whose duty it is to have a watchful eye upon all employees for any signs that are so often early apparent, of the need of nursing, of medical treatment, as, for instance, the cough, or lack of nutrition that, neglected, might

mean tuberculosis; to visit the sick employees and members of their families, in their homes or hospital, and to advise in the homes and instruct as to the management of the sick. Such calls for last year numbered 1,292.

The nurse also receives and attends in the company's hospitals to those minor ailments that among 1,300 people are many, and yet that would never be brought to the attention of the doctor, of which consultations there were last year 1,189, and these, with the surgical dressings, numbering last year 641, show, for the most part, the range of the nurse's professional duties.

The subject of material assistance alone remains to be considered.

Charity is a word not used in Welfare, but sympathy and co-operation are sought and cultivated, with the result that where money is required to relieve actual need it has always been available, beside the help from other donations; and, as the rule is *to help, not to carry*, money is only *given* in extreme cases, while loans are frequently made by the Benefit Association, which is altogether separate from the Welfare, to be repaid in weekly instalments from 25 cents up, kept out of the borrower's wages. As these loans are always made subject to investigation and report of the nurse, and sometimes to her supervision in application, they are in immediate co-operation with Welfare and its aims, though belonging to an independent organization. In this way, many have been tided over an urgent pinch, and kept out of debt, without loss of self-respect, and been enabled to go on comfortably, who otherwise would have been discouraged, stranded, and wrecked.

I need hardly say that winter is the time that tries Welfare resources. A small thing that has relieved no little worry and trouble is a bundle of towels and bed linen, that is loaned in cases of sickness, to be always returned laundered.

In closing, I may mention the efforts that are always in season—to cheer, encourage, and brighten home and life. A never-failing and special opportunity is afforded such efforts in providing "Christmas cheer," and filling stockings in the homes that otherwise might find the season little in accord with the usual sentiment of it.

Time and space, in which I am afraid I have already trespassed, make it possible to touch only the outstanding points of this work; but from the foregoing it will be seen that Welfare has to do mostly with the lesser evils and problems of life—burdensome, worrying, and perplexing enough, no doubt, to those who have them—and many of them having in themselves the vitality and elemental qualities of growth and development to become calamities, or even life's tragedies; and the aim of Welfare is to smooth, lighten, ameliorate, and avert.

INSURANCE NURSING.

Report of the Canadian Branch Metropolitan Life Insurance Company —Dr. Lee K. Frankel, Sixth Vice-President*

Ladies:

It is with great pleasure that I accept your invitation to present to you at your fourth annual meeting a short account of the work which the Metropolitan Life Insurance Company has done in the Dominion of Canada in connection with the visiting nurse service, which it has for some years extended to its industrial policyholders.

In order that you may fully understand the purpose of such nursing service, let me say that the company has at the present moment approximately ten millions of industrial policies on the lives of working men, women, and children. Of this large number, approximately 614,093 policies are in force in the Dominion of Canada.

A large percentage of the group included in our industrial policyholders has little opportunity of coming in contact with the more advanced and modern thought regarding personal health and personal hygiene. Similarly, but little effort has been made until now to place the benefit of a nursing service at the disposal of the working class. It is financially out of the question for the average workingman to pay for the services of a skilled private nurse. Even to obtain the services of a visiting nurse it is frequently very difficult from the financial point of view, if service of this kind must be continued for a comparatively large period of time.

The opportunity is given to the individual who carries a policy with the Metropolitan Life Insurance Company to obtain a visiting nurse service without any additional cost. This is the value of an insurance scheme. The premiums which the policyholder pays are applied to the payment of the nursing service. This service is in no way a charity. Precisely as death claims are paid, nursing service is given to policyholders by reason of the fact that they are insured.

The visiting nurse service was organized by the company in 1909 in the City of New York. The service began as an experiment. It gradually extended, so that at present it practically covers all large cities and towns in the United States and Canada. It is gratifying to report that the Canadian service was begun as early as 1910 in the City of Montreal. I find, on looking up the records, that this city was the fifteenth service which was opened by us. As in the United States, the service has gradually been extended to include all of the more important points in Canada.

Wherever possible, we have attempted to conduct the nursing service through so-called visiting nurse associations. In general, this has been a comparatively simple matter in Canada, for the reason that

*Read by Miss Johnston, Inspector of Metropolitan Nurses in Canada.

the Victorian Order of Nurses has extended its field of operation quite generally, and wherever branches of the order have been established we are utilizing the services of this association to carry on our work. Ordinarily, arrangements are made with the branches of the order under which a fee is paid for each visit made to our policyholders. Where there are no branches of the Victorian Order, it has been necessary for us to engage our own nurses. These are employed by us in the larger cities, such as Toronto, on a salary basis, and in smaller cities in which we have a limited number of policyholders, our nurses are engaged likewise on a fee basis. In Montreal and Quebec, we cooperate with the Sisters of Hope who nurse our French policyholders.

At the present moment we have services in eighty-four cities and towns in Canada, covering 447,993 policies in force. From time to time this service is being extended. It is quite difficult for us to organize a service in smaller communities where we have a limited number of policyholders, owing to the fact that we cannot secure nurses to whom we can offer a sufficiently attractive remuneration. The amounts which they are able to earn on a fee basis are small, and unless they can supplement our work by private hourly nursing it is impossible for them to make a living. We have found, however, in our experience, that the suggestion of hourly nursing has, in a number of instances, been productive of good results. Nurses both in the United States and Canada advise us that there are many individuals, not policyholders of the company, who are unable to engage a nurse by the week, but who can use the services of the nurse by the hour. These nurses inform us that through recommendations of physicians, etc., they have been successful in building up quite a clientele and have found hourly nursing possible and remunerative.

As indicated above, the service we give is a visiting nurse service only. It is extended to men, women and children, and includes, so far as it has been possible for us to develop it, most phases of visiting nurse service.

For a number of years we have given considerable thought and attention to the question of maternity service, and I am glad to report that we have now made this general in its application to policyholders whose policies have been at least one year in force. We are keeping careful statistical records of our work to determine to what class of cases we can offer service. As a result of five years' experience, we have arrived at the conclusion that the service should be primarily for acute diseases. While in certain instances a limited service can be given to chronic cases, we believe it best that the service should be primarily for acute conditions, in which there is a strong likelihood that through the ministrations of the nurse the patient will be fully restored to health.

It may be mentioned here that from time to time both criticisms and complaints have reached us from nurses both in the United States

and Canada of the rather exacting requirements which we make regarding the reporting of cases and the keeping of records and statistical cards. It is possible that at the beginning this reporting was found arduous. At the present time we believe we may safely state that most nurses agree with us as to the desirability of requiring accuracy and thoroughness on the part of the nurses in reporting the treatments which they have given and in following the statistical requirements which we have laid down. In fact, in a number of instances, we have been congratulated and complimented for insisting that nurses follow the procedure which we have developed. It is stated by well trained nurses that our methods have been of great value to nurses as a means of educating them in accuracy of detail and care in presenting and preparing reports. It should be explained here, that our purpose in requiring such details for statistical data is not a selfish one. Both the United States and Canada are still behind European countries in tabulating morbidity statistics. It is our hope that the data which we are now assembling may be a basis for the future collection of morbidity and sickness statistics in both of the above-mentioned countries.

It has been our desire, as stated above, to give a general nursing service for acute diseases. I am strongly of the impression that there is no class of case which lends itself so well to the service of the visiting nurse as the contagious disease. Visiting nursing for this class of disease, however, has not as yet been fully developed. This is primarily due to the fact that it is the impression of the nursing fraternity that the same nurse cannot handle general and contagious diseases at the same time. The finances of the average visiting nurse association do not permit of separate nurses to look after both classes of disease excepting in large cities. As a general statement, it may be said here that we are very desirous of giving service to contagious disease cases if a proper and safe method of procedure can be developed.

At the beginning of the service we made the experiment of ascertaining whether it was desirable to give the visiting nurse service through non-graduate nurses or whether the service of the graduate nurse could be supplemented by visits from so-called practical nurses or attendants. Five years of trial have convinced us that such a method is undesirable. The function of the visiting nurse is more than to give care during illness. If she is to fully realize her opportunities, she must be a woman of broad social training and at the same time be thoroughly skilled in the details and practice of her profession. To our minds a large part of the work of the visiting nurse is educational. She must be competent to educate the people whom she visits in sanitation and hygiene. She must have the force of character to instill in them the desire to preserve their health and to carry out the directions which she may give them to prevent sickness so far as this

is possible. The nurse, competent to do this, must have had the best of training in hospitals and in nursing schools. She should have a social vision. The average practical nurse, however good may be her intentions, generally falls short of the mark to meet the requirements mentioned above.

APPENDIX TO DR. FRANKEL'S PAPER.

This paper will be read by Miss Matilda Johnson, formerly the superintendent of the nurses of the Cleveland Visiting Nurse Association. Miss Johnson has recently become connected with the Metropolitan Life Insurance Company. She will spend several weeks in Canada visiting the various cities in which we have instituted the visiting nurse service, for the purpose of ascertaining whether we can co-operate even more thoroughly than we have heretofore in the work of the visiting nurse associations and individual nurses who are carrying on the Metropolitan work in the Dominion. It is with a feeling of the greatest satisfaction that we record here our sense of pleasure at the delightful reception which has been accorded us practically everywhere in Canada, and I am taking this rather unusual method of introducing Miss Johnson to you in the hope that her conferences with you and other representatives of the nursing profession in Canada during the next few weeks may result in an even better service, if that is possible, being given to the thousands of Canadians who are our policyholders.

REPORT OF PUBLIC HEALTH NURSES' COMMITTEE

The committee arranged for at last year's annual meeting to report upon the advisability of forming an association of Public Health and Social Service Nurses must report difficulties met with rather than work done.

The appointment of the committee was left to the convener, who had very slight personal knowledge of the nurses outside of Ontario. The attempt to secure an active representative for each province was moderately successful, and the committee is as follows:

Convener—Miss Eunice H. Dyke;
Miss M. G. Morrison, Truro, N.S.;
Sister Morrisey, R.N., Montreal, Quebec;
Miss E. B. Orford, Sherbrooke, Quebec;
Miss Helen Smith, Hamilton, Ontario;
Miss K. A. Cotter, Winnipeg, Manitoba;
Miss E. Hall, formerly of Vancouver, B.C.;
Miss E. C. Breeze, Vancouver, B.C.

Inquiries sent to England and New Zealand brought the inform-

ation that neither country had yet succeeded in forming an association whose membership could include all types of Public Health and Social Service Nursing. The American Public Health Nurses' Association last year considered their organization still in process of formation.

A request for suggestions as to procedure sent in October, 1913, to the committee brought a reply from the President only. A request in "The Canadian Nurse" for suggestions for the committee met with the same result. Your convener sent a questionaire to each member of the committee and to Saskatoon, Saskatchewan, and received returns from Nova Scotia, Quebec, Ontario, Manitoba, and British Columbia. The following is a summary of these returns:

BRITISH COLUMBIA

Reported by Miss E. Hall and Miss E. C. Breeze

Organizations	Work Done	Graduate.	Non. Grad	By Whom Employed
BURNABY—				
Victorian Order	Visiting Nursing and Relief	2		Victorian Order
NEW WESTMINSTER—				
Victorian Order	Visiting Nursing	1		Victorian Order
Medical Inspection of Schools	School Inspection, Home Instruction, Social Service	1		Board of Education.
STEVENSON—				
Victorian Order	Visiting Nursing, Pre-Natal, Child Welfare, Relief	1		Victorian Order
VANCOUVER—				
Anti-Tuberculosis Association	Visiting Nursing, Clinic and Relief	1		Anti-Tuberculosis Asso.
Associated Charities	Social and Relief Work	2		City and Victorian Order
Day Nursery	Institution	1		Private Philanthropy
Medical Inspection of Public Schools	School Inspection, Home Instruction, Dental Clinic	4		Board of Education
Van. General Hosp.	Social Service.	1		Women's Auxiliary
Victorian Order	Visiting Nursing, Child Welfare, Pre-Natal, Insurance	7		Victorian Order
NORTH VANCOUVER—				
Victorian Order	Visiting Nursing, Child Welfare, Pre-Natal, Indian Reserve	2		Victorian Order
SOUTH VANCOUVER—				
Medical Inspection of Schools	School Inspection, Home Instruction	1		Board of Education
Victorian Order	Visiting Nursing, Child Welfare, Pre-Natal, Relief	3		Victorian Order
VICTORIA—				
Medical Inspection of Schools	School Inspection, Home Instruction	1		Board of Education
Victorian Order	Visiting Nursing, Child Welfare, Pre-Natal, Relief	2		Victorian Order
BRITISH COLUMBIA—				
Provincial Board of Health	Organizing Rural School Inspection	1		Provincial Board of Health

MANITOBA

Reported by Miss K. A. Cotter

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
BRANDON—District Nurse—No definite report.				
WINNIPEG—				
All Peoples' Mission	Fresh Air Camp for Two Months during Summer	1		Methodist Church

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
Bureau of Child Hygiene	Visiting Sick Babies, Instructing Mothers and Expectant Mothers, Milk Depot for Modified Milk for Babies	1		City of Winnipeg
T. Eaton Co., Ltd.	Visiting Nursing and Welfare Work among Employes	2	1	T. Eaton Co., Ltd.
King Edward Settlement	Settlement Work	1		Church of England
Margaret Scott Nursing Mission	Visiting Nursing, Instruction in Child Hygiene	9		Private Philanthropy
Medical Inspection of Public Schools	Routine Inspection, Home Instruction	4		Board of Education
Metropolitan Life Insurance Co.	Visiting Nursing		1	Insurance Company.
Social Service Department of Children's Hospital	Social Service Work in connection with Outdoor Department	1		Hospital
Social Service Department of General Hospital	Social Service Work in connection with Out-Door Department	1		Hospital
Tuberculosis Nurses	Visiting Nursing, Instruction and Clinic Work at General Hospital.	1	1	City of Winnipeg
Victorian Order	Visiting Nursing	6		Victorian Order

NOVA SCOTIA

Reported by Miss M. G. Morrison

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
CANSO—				
Victorian Order	Visiting Nursing and Insurance Work	1		Victorian Order
Anti-Tuberculosis League	Tuberculosis Visiting	1		Halifax County Anti-Tuberculosis League.
Medical Inspection of Schools	School Inspection, Home Visiting	1		Board of Education
Victorian Order	Visiting Nursing, Milk Station, Insurance Nursing	6		Victorian Order
NEW GLASGOW—				
Trenton, Westville and Stellarton				
Met. Life Ins. Co.	Insurance Nursing	1		Insurance Company
AMHERST—				
Met. Life Ins. Co.	Insurance Nursing	1		Insurance Company
SPRING HILL—				
Met. Life Ins. Co.	Insurance Nursing	1		Insurance Company
TRURO—				
Metropolitan Life	Visiting and Insurance Nursing	1		Victorian Order
Victorian Order				
SYDNEY—				
Victorian Order	Visiting and Insurance Nursing	2		Victorian Order
YARMOUTH—				
Victorian Order	Visiting Nursing	1		Victorian Order

ONTARIO

Reported by Miss Helen W. Smith

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
ALMONTE DISTRICT—				
Victorian Order	Visiting Nursing	2		Victorian Order
ARNPRIOR—				
Victorian Order	Visiting Nursing	1		Victorian Order
BERLIN—				
Victorian Order	Visiting Nursing	2		Victorian Order
BOBCAYGEON—				
Victorian Order	Visiting Nursing	1		Victorian Order
BRANTFORD—				
Victorian Order	Visiting Nursing	2		Victorian Order
BROCKVILLE—				
Victorian Order	Visiting Nursing	1		Victorian Order
COBALT—				
Victorian Order	Visiting Nursing	1		Victorian Order
COPPER CLIFF—				
Victorian Order	Visiting Nursing	1		Victorian Order
DUNDAS—				
Victorian Order	Visiting Nursing	1		Victorian Order

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
FORT WILLIAM—				
Municipal	School Inspection during the Mornings. Public Health in the Afternoon. Instruction in Child Hygiene	1		Board of Education and Board of Health
GALT—				
Victorian Order	Visiting Nursing	1		Victorian Order
GRAVENHURST—				
Victorian Order	Visiting Nursing	1		Victorian Order
HAMILTON—				
Babies' Dispensary Guild	Infant Welfare with Daily Clinics, Relief	3		Babies' Dispensary Guild
International Harvester Co.	Factory Inspection and Visiting Nursing for Employes	1		International Harvester Co.
Medical Inspection of Schools	School Inspection	3		Board of Education
Public Health Asso.	Tuberculosis Visiting with Clinics, Relief	1	1	Public Health Association
Victorian Order	Visiting Nursing	4		Victorian Order
HAWKSBURY—				
Victorian Order	Visiting Nursing	1		Victorian Order
HESPELER—				
Victorian Order	Visiting Nursing	1		Victorian Order
KINGSTON—				
Medical Inspection of Schools	School Inspection	1		Board of Education
Victorian Order	Visiting Nursing	1		Victorian Order
LONDON—				
Department of Public Health	Tuberculosis Visiting Nursing, Relief	1		Department of Health
Victorian Order	Visiting Nursing	3		Victorian Order
NIAGARA FALLS—				
Municipal	School Inspection and Home Visiting	1		Municipality
NORTH BAY—				
Victorian Order	Visiting Nursing	2		Victorian Order
OTTAWA—				
Anti-Tuberculosis Association	Dispensary and Home Visiting	1		Anti-Tuberculosis Asso.
Infant Milk Station	Dispensary and Home Visiting	5		Board of Health
Medical Inspection of Schools	School Inspection and Home Instruction	2		Board of Education
Victorian Order	Visiting Nursing	6		Victorian Order
PETERBOROUGH—				
Medical Inspection of Schools	School Inspection	1		Board of Education
Peterborough Health Asso.	Tuberculosis and General District Visiting	2		Peterborough Health Asso.
PRESTON—				
Victorian Order	Visiting Nursing	1		Victorian Order
ST. CATHARINES—				
Met. Life Ins. Co.	Insurance Nursing	1		Insurance Company
SARNIA—				
Board of Health	District Nursing	1		City Council
STRATFORD—				
Medical Inspection of Schools	School Inspection for Four Months of Year	1		Board of Education
TORONTO—				
Beverley Street Mission	Visiting Nursing	Nurses in Training		Private Philanthropy. Fees from Patients. City Grant
Department of Public Health	Health Instruction and Inspection. Tuberculosis and Infant Welfare Nursing	21 permanent 14 summer		Department of Public Health
Evangelia Settlem't	Visiting Nursing	3		Private Philanthropy
Fred Victor Mission	Visiting Nursing		2	Endowment
Jewish Mission	Visiting Nursing		2	Presbyterian Church of Canada
Medical Inspection of Schools	School Inspection, Home Visiting, Relief	37		Board of Education
Met. Life Ins. Co.	Insurance Nursing	4		Insurance Co.
Memorial Institute	Visiting Nursing		1	Private Philanthropy
National Sanitarium Asso.	Tuberculosis Visiting, Social Service	1		Private Philanthropy
Nursing at Home Mission	Visiting Nursing	16 nurses in training		Private Philanthropy. Fees from Patients. City Grant
St. Christopher's House	Visiting Nursing	1		Presbyterian Church of Canada
St. Elizabeth Visiting Nursing Asso.	Visiting Nursing	6		Private Philanthropy
Social Service Department, Toronto General Hospital	Social Service for Hospital patients and ex-patients	3		Hospital Social Service Board and Golden Rule Guild
Victorian Order	Visiting Nursing	15		Victorian Order

QUEBEC

Reported by Miss Elizabeth Orford

Organization	Work done	Graduate.	Non. Grad.	By Whom Employed
GASPE—				
Victorian Order	Visiting and Continuous Nursing	1		Victorian Order
GRANDMERE—				
Victorian Order	Visiting and Insurance Nursing	2		Victorian Order
HULL				
Victorian Order	Visiting and Insurance Nursing	1		Victorian Order
LACHINE—				
Victorian Order	Visiting and Insurance Nursing	1		Victorian Order
GREATER MONTREAL—				
Victorian Order	Visiting and Insurance Nursing in Six Districts, Nursing Incurables in Old People's Home, Tubercular Class Work in Emmanuel Church, School Nursing for Protestant Board of Education, Dispensary Work for Montreal Dispensary, Milk Station Work for University Settlement, Social Service Work for Hospital and Bell Telephone Co.	71		Victorian Order
ST. AGATHE DE MONT—				
Victorian Order	General Tuberculosis and Insurance Visiting Nursing	2	2	Victorian Order
ST. ANNE DE BELLEVUE				
Victorian Order	Visiting and Insurance Nursing, Milk Station Work	1		Victorian Order
ST. JEAN—				
Victorian Order	Visiting and Insurance Nursing	4		Victorian Order
SHERBROOKE—				
Victorian Order	Visiting and Insurance, Child Welfare, School Nursing	1		Victorian Order
WESTMOUNT—				
Victorian Order	Visiting and Insurance Nursing	1		Victorian Order

The following extract from a letter from the Ontario member of the committee indicates the difficulty in securing reliable information:

"Enclosed please find data re public health nursing for Ontario. I am sorry that the information is so incomplete, especially in regard to your own city, but I simply got no reply to my letter of inquiry in the greater number of cases. Your own department I left blank, in spite of Miss Foy's letter, for I knew you had made some changes in your work since date of writing.

"Collingwood, Ingersoll, Sault Ste. Marie, Simcoe, and Woodstock report no public health work of any kind being done.

"Letters to the Medical Officer of Health of Brantford, Belleville, Brockville, Barrie, Chatham, Cobourg, Dundas, Guelph, Hespeler, Goderich, Napanee, Owen Sound, Paris, Petrolia, Port Hope, Port Arthur, Picton, Rainy River, St. Mary's, Sudbury, Windsor, Whitby, Welland, Wingham, Waterloo, Berlin, and St. Thomas, bring no reply.

"Factory Nursing is said to be carried on by the Cordage Company, of Welland and by the McClary Company, of London, but even a second letter to each of these firms received no reply, so that no authen-

tic report of their work can be given, for which I am sorry.

"It does seem that more interest should be shown in public health nursing generally before an active association could be formed, and very probably a standing committee being formed, as is suggested in recommendation three, will soon direct the attention of the various workers and result in something broader when the time is ripe for it."

The business of the committee has necessarily been carried on by correspondence, although it has been possible for the convener to discuss the situation with Miss Smith, of Hamilton, Ontario; Miss Breeze, of Vancouver, B.C., and the President of the Association. A meeting of the committee was held July 9th, 1914, in Halifax, with the following members present:

Miss E. C. Breeze, Vancouver;
Miss K. A. Cotter, Winnipeg;
Miss K. Madden, Hamilton, representing Miss Helen W. Smith;
Miss E. H. Dyke, Toronto, Convener;
Miss Mary MacKenzie, President of the Association.

Three recommendations which might be presented to you to-day were forwarded to the committee previous to the convention with the request that they should endorse one or more further recommendations. Replies were received from two of the committee, these two endorsing the third recommendation, which was later adopted with slight modifications by the committee at its meeting in Halifax.

EUNICE H. DYKE, Convener.

The recommendation, therefore, which your committee begs to present, is as follows:

"That a standing Committee on Public Health and Social Service shall be formed by the Canadian National Association of Trained Nurses: that this committee shall consist of a convener appointed by the National Association and one representative appointed by each Provincial Association: that the duties of each member of the committee shall be to report local progress in Public Health and Social Service Nursing at every regular meeting of her Provincial executive and shall mail this report promptly to the convener of the committee: that the duties of the convener shall be to receive these reports, to forward copies promptly to the other provincial representatives, and to summarize these reports for the annual meeting of the National Association.

"The committee begs also to recommend that a National Magazine or section of a National Magazine shall be devoted to Public Health and Social Service Nursing."

Miss Dyke: The committee have brought in a recommendation on which they want you to act. We have a few copies, and Miss Mac-

Kenzie wishes them distributed now, and then you will be in a better position to discuss the recommendation.

President: It has been moved by Miss Wright, and seconded by Miss Gunn, that we extend a vote of thanks to the committee in connection with their excellent work in this whole matter.

In regard to that report, what shall we do with it? The recommendation is that a standing committee be appointed by the National and one representative appointed by each association and the duties of each member outlined.

Moved by Miss Dyke, seconded by Miss Wright, that the report be accepted.

Miss Randal: I move that a convener be appointed by the executive.

Miss Dyke: I believe the committee wish the convener to be appointed by the Canadian National. They did not say whether she should be appointed from the floor or from the executive. It is a matter of indifference to the committee, so long as the convener is appointed.

Seconded by Miss Crosby.

President: Moved and seconded the convener of this standing committee be appointed by the executive of the Canadian National. Carried.

Is there any other question or any other point in connection with the question of public health, which is our subject this afternoon? If not, then we have some business that we left over. First is "The Canadian Nurse" Committee.

President: The next business which was carried over is the result of the elections:

President, Miss Wright; First Vice-President, Miss Kirke; Second Vice-President, Miss Goodhue; Secretary, Miss Gunn; Treasurer, Miss DesBrisay; Councillors, Miss Jean Browne, Miss Rowan, Miss Randal, Mrs. Hill, Miss McPhedran, Mrs. Tilley.

Miss Davis: We are taking up in Vermont for our routine this year social service work in the schools. We have no school nurses in Vermont. I asked Miss Mathieson, of the Toronto Dental Clinic, and she said the work done in Toronto was free. I wonder if there is anyone else who knows if a small sum is charged, if they could get a local dentist and let the children pay any part of it, and what part is paid by the child? We think of employing a dentist for part time work, say, the child pays 25 per cent. for a treatment.

Miss Wright: In Boston they charge for the amount of material used. I have heard nurses discussing the fact that they had bills at several clinics to which they had taken children.

A Member: At a place about ten miles out of Boston each dentist gives a morning a month to the school children, and those who cannot

afford to pay the dental fee are taken care of for 25 cents.

Miss Browne: In Regina we have a free Dental Clinic. The Dental Association gives their services free. Each Saturday there are five pupils treated free of charge. That is very small in proportion to the population, but it has worked out well. During the coming year, however, the school board hopes to appoint a dentist and pay him a regular salary.

Miss DesBrisay: We have a Dental Clinic in Montreal, and I send all my children there. In some cases where there are a great many fillings to be done, the children are charged a small fee, sometimes 50 cents or even $1.

Miss Dyke: Dr. Baldwin, who is in charge of the clinic to which Miss Mathieson referred, is very much worried because we have not sufficient clinic accommodation. The nurses have been constantly reporting cases requiring dental care. He is in touch with the young dentists who have recently graduated. None of them are very busy, so he has a list of young dentists who will take these cases and charge a very small fee. Of course, it means charity work for these young dentists, but they do not mind doing it.

Friday, July 10th, 8.15 p.m.

President: We are making a few changes in the order of the programme for special reasons. We will start our evening session by having Miss Davis' paper, "The Value of the Practical Nurse," which is to be found at the end of the programme.

THE VALUE OF THE PRACTICAL NURSE

By Anna Louisa Davis, Brattleboro, Vt.

Organized home care for people of moderate means is such a new subject that all effort along this line is of necessity largely experimental, and while asking for criticism I want you to suggest lines along which we may develop this work.

We are only beginning to work out a standard for the sick of any community. There are standards for hospitals; standards for nursing organizations, but none whereby a community may guide itself in developing a system to provide care for all of its sick.

A recent survey in New York, covering a period of two years, shows that 90 per cent. of all cases of illness remained in their homes. To place all these people in hospitals would take more money for buildings and service than we are ever likely to get, so this is obviously out of the question, and we are confronted with the problem of providing adequate home care for the majority of sick people and sorting out the cases that really need hospital service.

Within the hospital we have everything that organization can do in the way of nursing care: outside the hospital conditions are reversed and we now depend largely upon the district nurse, and she can only meet the need in cases where continuous care is not needed.

When we realize that there were one and a half millions of cases of mortal illness reported in the United States and Canada last year, and that an overwhelming percentage had home care, it must be forced upon us that it is time to improve the kind of home nursing.

Some of these cases need, and can afford, a trained nurse. To others a $25 a week nurse is out of the question. A small percentage of them can get along with the hourly nursing of the district nurse, but to the majority of them continuous care of some kind is essential, and they now rely upon the untrained or practical nurse—a type of nurse which we have always had and, because of the need for the services she gives, always will have. Our problem is now to organize, improve and regulate her work so that it will place her in homes and on cases where, for instance, as a mother's helper, she can do as well or better than a trained nurse, and by registration and supervision keep her from acute and contagious cases where her lack of training jeopardizes the life of the patient.

How are we going to manage it? I bring for your consideration the plan of organizing a given community into a civic health centre, and through a central office, in charge of a graduate nurse, to establish a registry for all the graduate nurses in the community; to interview the practical nurses and get them to consent to a fixed scale of wages and to the supervision of a graduate nurse; to put on your list a few good laundresses and hourly workers. Then interview your doctors and representative people and have them depend upon you to supply any grade of service needed on a given case. Let them know that you are not dispensing charity, that you are not debarring churches, fraternal or any charitable organizations from their obligations to their members who may need help. I have had charge of such an office for a year. It has worked out splendidly.

When a call comes into the office and the doctor's diagnosis is given and the family condition is considered, the graduate nurse in charge decides the kind of service needed. It may be a trained nurse, it may be a practical nurse, or possibly an hourly worker will suffice.

Very often you will find a mother can best care for an ailing child if she can be relieved of the housework, and repeatedly we find an expectant mother, sick abed, and her real need is not a nurse, but a laundress or charwoman.

The superintendent of this office must have a supervisor, also a graduate nurse whose duty it will be to call at the house into which she has sent a practical nurse and see that she is able to do the work on that case. Trained nurses often object to the practical nurse and be-

lieve she is taking work that rightly belongs to them; if so, here is a chance to regulate all this.

Just a word about the practical nurse as to her present value and possible future. Her value is not a fixed quantity, but is raised or lowered by a number of conditions, most of all by the character and habits of the woman herself and her adaptability to varying situations. The world has always had practical nurses and it is safe to predict that it will continue to produce and use them, because they are needed, and because the trained nurse has not, nor need not take the place of the general utility woman. The trained nurse has found an ever widening field of opportunity before her, and the world appreciates her work more fully with each passing year, but we must frankly admit that the trained nurse has failed to meet th nursing needs of the middle class people in their homes.

This failure is not hers alone, it must be shouldered by society as a whole, and society as a whole must lead in the readjustment needed if ever her skill is to be brought within the reach of the great mass of people who need her, need her badly many times, yet have not the money to pay her.

The full value of the trained nurse, and also the full value of the practical nurse can only be made available through proper organization which supplements the practical utilitarian qualities of the practical nurse with the skill of the trained nurse.

The proportion of homes that employ servants is small in any average community, and it is not apt to grow larger.

The unwillingness of the trained nurse to prepare simple meals for her patient and herself when the mother of the family is the patient, is responsible for the untrained nurse being asked for in many homes where the family could pay the full rate for trained service, but could not pay a servant in addition. This very condition often leads to the untrained nurse being called in cases where a trained nurse's skill is urgently needed. The practical nurse in turn has been criticized for undertaking responsibilities for which she is not fitted. Few realize how reluctantly the practical nurse assumes such responsibilities in many instances, nor how she longs for someone to whom she can turn for advice or suggestion that will help her to do the best for the patient.

There is no doubt that many trained nurses have gone to the extremes in avoiding anything that seems to be outside the strict line of duties in what is called the nurse's province, and these have helped to create the demand for the practical nurse. But it is also true that many a trained nurse is wasting her skill where skill is not especially needed, where an untrained woman would do fully as well, while in some other home an untrained nurse is struggling with a nursing problem which demands the highest nursing skill if the patient is to have the chance for life and health that we want him to have. This is a con-

dition and not a theory, a condition that exists in a greater or less extent in every community, whether urban or rural.

We speak of the practical nurse as though she represented one distinct kind of womanhood, whereas she represents many distinct types, each having a certain value. A study of a group of practical or household nurses will discover that a large proportion are widows who have been forced by stern necessity to become breadwinners. Life with them is a serious problem, and the work is undertaken with a corresponding seriousness. Most of them have been obliged to practice strict economy in their homes and they continue to practice it in the homes they enter. They have been accustomed to being responsible for all the duties of a household, hence it becomes a perfectly natural thing for them to continue to do so; add to this a strong common sense and the ability to follow an order, and you have the chief reasons why doctors employ them, and families are willing to pay them almost as much as the trained nurse asks and more than the trained nurse believes them to be worth.

The chief difficulty in regard to the practical nurse is that she is often found in charge of seriously ill patients where a life may be depending on skilled care. This is her misfortune, not always her fault. She is there because of an economic condition which so far as it is related to sickness we should face squarely. It is when she is face to face with responsibilities too great for her that she needs the assistance of the trained nurse. She needs the instruction and supervision and assistance of the trained worker and the next big step in improving the care of the sick is to make such supervision possible through organization.

Given a central office with a graduate nurse in charge, and graduate supervision provided, much in the way of improvement is possible. It is the business of the superintendent to know not only the quality and general make-up of the practical nurses that she sends out in response to a call, but to fit the nurse to the case and home as far as possible. No rule of rotation or of sending out nurses in turn will ever do in this kind of work.

When a community is fully organized to care for all of its sick, the rich, the poor and those in moderate circumstances, it is possible then to see that the graduate nurse's skill is more fully utilized by people of moderate circumstances, and this without lowering her rates.

The value of the practical nurse is greatly increased when she has standing back of her to help her in every time of difficulty or emergency a graduate nurse and a board of sympathetic citizens. Her value to the patient is increased by instruction which should be provided for in some way in every community. If there be those who object to the practical nurse being given any instruction, let us remember that we cannot prevent it if we would, but by assuming some responsibility for

it we can determine its quality; we can see that it is practical instruction in the commonest nursing duties, rather than correspondence school theories that may or may not be understood.

Let us keep in mind that the most reliable figures that we have been able to obtain go to show that after 50 years of training nurses two-thirds of the sick are receiving unskilled care.

We have exerted ourselves that the poor might have skilled care in sickness, shall we do less for the people of the middle class?

When by means of proper organization, we have given the practical nurse instruction and bedside supervision and placed back of her the skill of the trained nurse in any difficulty that she may meet, we have effected a combination that should greatly improve the care of the sick of all classes. We have placed on the graduate nurse the responsibility of deciding when a trained nurse is needed and when a practical nurse will best fit the need of the home, thus safeguarding the interests of the trained nurse and preventing the practical nurse from assuming responsibilities too great for her.

If any of us cherish the idea that we should keep for an ideal a trained nurse for every case of illness, let us get rid of the notion. There are hundreds of cases where the care of the home is the biggest part of the problem, where, given a chance to rest and the most ordinary "waiting on," the mother will make a good recovery if the home machinery is kept running smoothly. And then it can never be considered good management for a trained nurse to spend three years in acquiring skill and then allow her to waste her time in caring for cases where no special skill is required, and where the housework forms the greatest part of her duties. Let us frankly admit that the average trained nurse does not want these cases. Let us aim, rather, to put the trained nurse, by means of organization, in reach of every patient that needs her skill; let us try to see that she has the direction of the work. Let us cease to consider the practical nurse as a competitor, but rather to regard her as a private volunteer soldier in the fighting ranks, with the trained nurse as director of the campaign.

Let us try to get a clearer vision of the communities' needs in all kinds of sickness in all classes of homes, and then, with the aid of its citizens, to try to build up an efficient working force, and by proper organization to so correlate all the grades of help needed that we may care for *all* the sick in *all* the homes.

President: This most excellent paper is open for discussion. There is a great deal of matter in that which should be dealt with.

Miss Randal: I would like to ask Miss Davis some questions. Do these practical nurses apply readily to enter under this Board of Management? How do you train them in their work? And do the doctors object to the nurses in charge requiring their work?

Miss Davis: My answer to the first question is, no. The better class of practical nurses will come in, but, as you all know, the practical nurse is a hard problem to deal with. Just as soon as possible the case is in charge of a graduate nurse, who takes charge of delivery, but after the patient is fixed up and the doctor and trained nurse leave her, we leave the practical nurse as a mother's helper. It is hard to get the practical nurse to agree to supervision and to accept a small wage. Some of our practical nurses are getting $18 to $21, and they object to a scale of $1.50 to $2 per day. But it is possible to get the better grades, and so crowd out others.

We have increased in Brattleboro the demand for trained nurses from three two years ago to twenty now. More of our calls come from the people than from the doctor. They call our registry and get a trained nurse on a case, and when she needs relief or help, we send a practical nurse, and they are working very well together.

The problem, of course, is to get the untrained nurse to fall in line, but it can be done if you get your community organized. There is no demand for her labor unless she registers with us. We find that the lodges or the church or the town will pay a trained nurse when they see the necessity. In this town of 10,000 we have a residence, and the graduate nurses live outside. We have a supervisor living there, a maternity nurse, district nurse, assistant district nurse, and eight untrained nurses. We also have our helpers, women we send in to help wash the dishes, etc. We send in a worker who gets 15 cents or 20 cents an hour. If the ambulance sends a mother to the hospital it is hard to go with the beds unmade, etc.

Miss Gunn: I am specially interested in Miss Davis' paper because this question of practical workers we are facing in Toronto at the present time, and the Toronto nurses have been asked to take up this problem and solve it if possible. The first difficulty we meet with is one of finances, and I would like to ask Miss Davis how the work in Brattleboro is financed.

Miss Davis: There we have a special fund. One man was kind enough to give us $1,000,000. We have the income from two-thirds of it, but it is a very good fund, and we are trying to spend it judiciously. We send a practical nurse out for $10, and the patient pays $3 per week for supervision. We thought that one trained nurse could supervise twenty-five practical nurses, but she cannot do it. If she has a heavy maternity case, she can probably supervise fifteen or twenty. In Boston and Detroit they are doing the same thing.

A Member: I would like to ask Miss Davis if she had any difficulty in getting the doctors in line. I know some doctors send untrained nurses and demand trained nurses' price.

Miss Davis: For fifteen years my work was in Chicago, my home city, and I was the first secretary trying to get our bill for registration passed. We had a hard time, and the doctors say they would

just as lief have an untrained as a trained nurse. In some parts of Illinois a man would get a veterinary for his horses and not a registered doctor for his wife.

Miss Phillips: Do you have any trouble with the nurses being willing to go out as undergraduates? We have some in Montreal, and we have been asked to take them over, to do something with them. Nothing has been done, but they say the great trouble is that these women think they know just as much as a trained nurse, and why should they be trained?

Miss Davis: That is a difficulty, but I do not know what you mean by undergraduate.

Miss Phillips: They are practical nurses. Some have had part of the hospital training, and have left for one reason or another.

Miss Davis: I have never taken the half-trained nurse as a practical nurse. I will not do it; there is a lack of character there. I will take a woman who comes out and will say, "I have had my home and my experience in it," but I will not take a nurse who has been dismissed, for there is always some reason. I am too loyal to take the half-trained nurse. I have had three applicants this week, and will not accept any of them.

Miss Phillips: I think that is the reason they are generally called undergraduate associations; the majority are graduates from small schools who are not eligible for registration.

Miss Davis: I think they ought to shift for themselves. What I want to do and what I think the trained nurses must do, is not to worry about the sharp distinction between trained and untrained nurses; but where a family cannot afford and do not need a trained nurse, send a practical woman in to watch the patient while the trained nurse rests, and I think that is the step we must take, and not take the practical nurse unless she is willing to submit to supervision. We have a hard problem to face, and I think we should make that distinction, just to take two grades, the wholly trained nurse and the untrained nurse. Teach her to cook well the chief cuts of meat, and to be a helper in a home; to go into the home in case of illness and get the children ready for school. I never send her on a contagious case.

Miss Gunn: What sort of Government Board, Miss Davis, would you advise for the organizing of such work as you have mapped out?

Miss Davis: I think you ought to have some representative citizens. At Concord we have tried to organize one. I think the Red Cross is going to open at Concord the first of their stations.

We have a loan closet. You must interest the churches and club women in your associated charities; you have to work together, even with your police. You have to have representative citizens' boards, as well as your nurses. I think it is too big a problem for nurses alone

to take up. I think the financing and the interest should come from the people who are employing practical nurses. You should have a board of citizens.

Miss Johnson: Madam President, may I ask Miss Davis what preparation she gives these attendants? Are they residents?

Miss Davis: They are with us, but you are not going to be able to keep them in residence any more than you are the trained nurses. We are beginning them on a salary of about $5 or $7 a week, and we see what the woman knows about cleanliness, food values, etc. We teach them about baths, temperance, etc., and they are on a salary while they are receiving these instructions.

We never send them into contagious cases unless just to assist a trained nurse, and never for delivery. She can take care of the mother after she is fixed up, but I think it would be a mistake not to have graduate supervision on the case with the doctor. The trained nurse goes in just as a district nurse, and sees that the woman is doing the right thing.

Moved by Miss Randal, and seconded by Miss Crosby, that we pass a vote of thanks to Miss Davis for her paper and her patience in answering the questions.

LAW RELATING TO THE NURSE.

By M. A. MacKenzie, R.N., Toronto.

In looking over a history of nursing, and noting the advancement and the necessity for nurses have become to society, it is a rather humiliating fact when we realize that we have no legal standing as have other professions.

In looking up the meaning of the word "profession," I found two I thought appliable to nurses, the first "a collective body of persons engaged in the same work," and "a vocation which requires a previous college education." After two generations of advancement, we are still what the first definition says, "a collective body engaged in the same work," when we should be "a vocation preceded by a college education," and recognized as such, with a defined legal standing and a nursing jurisprudence, but that we have not, and legally we are classed with skilled workers, such as mechanics and artisans, with no one having more right to call herself a nurse than anybody who chooses to band herself with the collective body of workers.

Though, however, we have no jurisprudence, there are many business and legal points nurses should be familiar with before ever leaving the training school, the same as other professions are before starting on their career.

For example, terms of engagement, a nurse accepting an institu-

tional position should have her position in terms clearly defined, and in writing in proper business-like form, a clear understanding as to rules and regulations, and by breaking this contract or rules or regulations she leaves herself liable to dismissal.

In private duty, a nurse is referred to a patient by a doctor and her pecuniary arrangements are made only with the patient or responsible person. She thereby becomes a paid member of his household, subject to reasonable rules and regulations and orders from the patient or responsible person, and can be dismissed by him or leave as any other paid member of the household. Though called by the doctor, he is not liable for her fee any more than a superintendent who would call her to a hospital on a special case.

A nurse is bound to carry out the doctor's orders, and in a questionable case, when she does not feel like carrying out the doctor's orders, it is her duty to leave after communicating with him, and as the nurse can be dismissed forthwith, by the patient or the doctor, it should be her privilege to leave.

In a nurse accepting a permanent private case, she becomes an employe of that house as does a housekeeper, governess, or steward, and her position depends entirely on the terms of her agreemnt.

In obstetrical cases, a nurse can only collect her fee according to arrangements, if she holds herself open for the case for any length of time, without having any previous understanding with the patient, she is not entitled to her fee for that time.

In a nurse going to "out-of-town" cases, where it is stipulated that her railroad fare be paid, and she has to leave the case and another nurse be called, the patient is not liable for the first nurse's fare, as she did not fulfil her contract.

Being a skilled workman, a nurse is liable for her negligence; skill includes diligence, knowledge, dexterity, nerve, and coolness, and failing in these qualities and accidents resulting, makes the nurse liable to malpractice, for the law holds that any person professing superior skill and is retained for that reason and then does not display reasonable skill, he or she is negligent. This also applies to people posing as qualified nurses, should they in performing their duty fail in an emergency that a hospital training would have fitted them for, makes them liable for negligence.

With all this before us, and on looking at other professions, their standards, and recognition, it makes us see more plainly the necessity for hard work on our part to make the public feel and see what we should have, for it is public recognition that will help us. The time is passed for us to be classed legally with hairdressers, dancing masters, and waiters, who are all a collective body banded together doing the same work, and if State registration will bring us nearer the goal of a vocation which requires a previous college education, let us work

and urge the matter, start with our probationers, organize county chapters of our provincial organizations, and make our wants known to everyone, so that future generations of nurses will come out of the hospital fully equipped to meet their life work, with laws and regulations, so that they may feel sure of themselves as do doctors, lawyers, and clergymen, and that they may know for what infringement they will be held liable.

Resume of the registration question in the various provinces. The President called on Miss Pemberton to give a report of Nova Scotia.

Miss Pemberton: The report of registration of Nova Scotia was sent to "The Canadian Nurse."

President: We will ask Miss Pemberton to give us just a little outline.

Miss Pemberton: Registration in Nova Scotia has never got beyond the voluntary association that was formed in 1909 and incorporated in 1910. The Legislature has made provision for the by-laws and constitution, so that we have the privilege of having an examination, and a standard is set that will include graduate nursing. There is a Board of Examiners appointed, and any nurse, not a graduate, wishing to register can report, and we tell her she can register by passing the examination. If she does not wish to enter under that class we tell her we will make a note of her name and address and she will be classed as an attendant. That is as far as the constitution of Nova Scotia Graduate Nurses' Association goes. It is supposed to be broad enough to include everyone in the province.

President: I would like to say that the Nova Scotia Association took the step about the first of any of the provinces, and the constitution of its association is just a very short step from the full bill of registration; the only thing really that was omitted was the actual mention that R. N. would be conferred on the ones who pass the examination. The constitution is one of the best I have read, and it was, as I say, one of the first of the provinces to outline a plan of registration that was almost a complete plan. They thought it was better not to force the matter at present, but they are very near getting a very good bill of registration.

"Report of Registration from New Brunswick," by Miss Hegan, read by Mrs. Richards.

President: We hope that the representatives from the various provinces will add anything they can to the knowledge that is brought before us. We want to find out all we can. Is there anyone who would like to ask something about Nova Scotia on the question of Registration, or anyone who would add something on the Registration question in the Province of New Brunswick?

There was no report from Prince Edward Island.

Report from Ontario, by Miss Crosby:

Ontario, I am sorry to say, is not getting on very well. We have had our Provincial Association since 1904, and in 1906 we had a Bill prepared and introduced into the House, but it was so mutilated we decided it was better to withdraw it. Our Association in 1908 was incorporated, and we have been steadily working on Registration ever since, trying to get all the nurses of the province interested, but have not succeeded in getting them all interested yet.

Then we had a bill prepared, but unfortunately the Inspector of Hospitals had a bill also before the House—the Hospital Act—and at the last moment he slipped in a clause which he thought was giving Registration to the nurses of Ontario, and which has simply blocked the matter for us. This clause is something like this: "All nurses graduating from hospitals receiving Government aid in Ontario may be registered in a registry kept in the Provincial Secretary's office." Of course, this is not what we want. Our lawyer had spent a great deal of time preparing a bill and only waiting for an opportune time to present it.

In the last Session there was a clause added to Clause 18, which protects the R.N., but regulations have not been worked out yet. We are always at a place where they are going to be worked out, but they don't seem to get any further.

Report from Quebec, by Miss DesBrisay.

The report of Registration from the Province of Quebec is very meagre.

The hospitals in the province are so few in comparison with the rest of the Dominion, and they are so hard to rouse to any degree of enthusiasm in regard to outside work.

The question of Registration has been discussed many times at the Canadian Nurses' Association in Montreal.

In January last the Secretary wrote to some of the smaller hospitals in the province asking their help, but had no reply.

In February, Mr. C. M. Holt, K.C., delivered an excellent address on the subject of Registration, to which invitations were sent to all Hospitals and many of the medical men of the City. Almost all of the latter began to make excuses, and some took no notice whatever. Three Doctors were present, and some of the Hospitals were not even represented.

In April the C.N.A. appointed two of its members to act with two others of the different Alumnae Associations—one only responded, the others ignoring it altogether.

So that it has been well nigh impossible to make any headway.

Several letters have come to me from California this year asking for the status of different training schools, as graduates from said schools have applied for State Registration to the California State Registration Board. Some of the schools in question were not in good

standing and we had an instance of what was being done, when a nurse applied to the Canadian Nurses' Association for membership, with an R. N. certificate, who had trained in a Hospital of only 30 beds.

All things considered, it seems as though we wanted something even better than Registration.

One thing we certainly do want, and that is, a larger amount of public spirit to realize that the good of one is the good of all and the good of all is the good of one.

Report from Saskatchewan, by Miss Jean E. Browne.

On March 17th, 1911, a mass meeting of the Graduate Nurses in Regina was held to discuss forming a Graduate Nurses' Association for Saskatchewan. The following week a second meeting was held and officers were elected. From the time of organization, this association regarded Registration of Graduate Nurses in Saskatchewan as the prime object of its existence.

For some time the activity of the association had its only channel in reading and discussing Bills of Registration planned out by other Graduate Nurses' Associations, and it was not until the following October, when Miss Mary Ard. MacKenzie gave a most enlightening address on Registration, that steps were taken towards framing a Proposed Bill for Saskatchewan. At Miss MacKenzie's suggestion, the association appointed Miss Grace Cooper, R.N., Superintendent of the Indian Head Hospital, and Miss Jean Browne, of Regina, to form a committee for the purpose of drawing up a proposed Bill. To Miss Cooper accrues the credit of this Bill, which was formally read by her at the first annual meeting, held in Regina in April, 1912. The association decided unanimously that this Proposed Bill was an excellent one.

For some time after this things were at a standstill, as the Regina nurses felt they couldn't go on with this Bill without the support of the nurses in Moose Jaw, Saskatoon, Prince Albert and other towns having incorporated hospitals. As a matter of fact, too, the majority of private nurses in Regina seemed indifferent about it.

It was most opportune that in November, 1913, Miss Mary Ard. MacKenzie again came to Regina, and as a result new efforts have been put forth regarding this Bill. Some changes were made in it, and quite recently it has been handed over to an eminent lawyer, in order that it may be correct in a legal way.

Copies are to be printed and sent out to the large nursing centres in the province. It is to be hoped that the nurses in various parts of the province will win over their respective members of Parliament, so that when the Bill is introduced into the House in the fall, there may be no opposition to it.

Report from Manitoba, presented by Mrs. Hill.

REGISTRATION—THE MANITOBA ASSOCIATION OF GRADUATE NURSES, WINNIPEG.

Madam President and Friends:

We love our Western prairies and the full, throbbing life of our swiftly-moving new land, crude and unfinished though it be, and replete with its ever-increasing new problems: but this leads us to appreciate all the more the opportunity afforded us of journeying the many intervening miles to your fair city by the sea, with its older civilization, its many historical associations, and its generous hospitality.

Yet, though you be East and we West, and each has its own peculiar conditions, essentially, our problems are the same, and the way we are endeavoring to work out the registration question in Manitoba will doubtless interest you who have gathered here from the different quarters of our beloved country.

In the Province of Manitoba the movement for the registration of graduate nurses dates back to June, 1905, when the Manitoba Association of Graduate Nurses was formed, after a most interesting and inspiring address by a member from the Ontario Association, largely with that end in view. This organization brought together three existing bodies of nurses, and has continued working since that time for the general welfare of the profession and the achievement of registration.

From the inception of the association, a Committee on Legislation was at work obtaining information regarding registration from different States which had already secured legislation for the registration of graduate nurses. It was during the winter 1911-12 that this committee submitted to the association an outline of the bill, which as a result of their studies seemed to meet the present needs of the profession. A copy of this was sent to each hospital superintendent, as well as to the Board of Managers throughout the province, asking for comments and suggestions. As a result of the many and perplexing questions asked, and suggestions offered, it was deemed advisable to call a convention, at which the whole subject could be thoroughly discussed.

In February, 1912, the effort took definite shape, when a two days' convention was held in Winnipeg, attended by representatives, both medical men and nurses, from all parts of the province. On account of Winnipeg being the only large centre of population in Manitoba, the success of the movement depended mainly upon the efforts of the members residing in that city, but it was necessary to

secure co-operation from hospitals throughout the province, if any legislation were contemplated.

The convention proved a great success, because it threw much light on the advantages of, and need for, registration of graduate nurses. Some of the points emphasized were: Standardization of the training of nurses, raising the standard of preliminary education of probationers, the inspection and betterment of training schools, the prevention of the exploitation of the pupil nurse, and affiliation among hospitals.

As a result of discussion at the convention, some amendments proposed by delegates present were incorporated in it, and the whole matter was referred back to the Committee on Legislation.

As we considered this bill, if accepted by the House, would have met the requirements of the present needs, I am taking the liberty of reading the clauses and pointing out the provisions that were not granted or changed:

1—Who may train nurses?

Answer—Training to be given under the direct supervision of a registered nurse. Training school to mean not less than daily average of twenty.

(a). Got 5.

(b). Ask for 20 obstetrical cases. Got 7.

Subjects necessary—Modified.

Provision for male nurses—Granted.

Provision for training of under-graduates for special private duty.

If nursing done outside of hospital by pupil, it should be for charity, and meant to extend the education of the pupil in Welfare or public health nursing.

Who may practice as registered nurses?

Was not meant to affect anyone who did not pretend to be a registered nurse.

Board of Examiners' examinations—Covered by Bill.

Certificate and fees—Covered by by-laws.

Waiver—Ignored.

Violations—Modified.

Provisions for inspection of training schools after a period of three years (when waiver is lifted).

As a result of the convention, the association had much greater support from the province as a whole than could otherwise have been possible. The final efforts of the Committee on Legislation culminated in the passing of our present bill in February, 1913.

Although the present Act is not by any means all that we had hoped for, yet it is a great step forward, and we are working towards securing amendments in the near future that will bring it closer to our ideal.

The Bill provides that examinations shall be conducted under the direction of the Council of the University of Manitoba, and the Board of Studies of that institution are working very heartily in co-operation with us, and have issued an announcement of studies in preparation for the first examination, to be held the second week in September of this year.

It is hoped before long to merge the final examinations of the various hospital training schools into the university examination, to avoid duplication and promote uniformity. The Council of the University of Manitoba have passed a resolution affirming the necessity for a Chair in Nursing, and this should result in still greater interest and efficiency.

We already are beginning to see results since the coming into force of our bill. Recognized hospitals conducting training schools which previously had been below the standard we set, have risen to the occasion, and have extended their courses.

So with what we have accomplished in the past and our roseate hopes for the future, we feel that we have not labored in vain, and trust that ere long the other provinces of our Dominion may also be successful, and the nursing profession, which is without doubt one of the noblest, elevated to the position we all feel it should occupy.

President: Manitoba is to be congratulated on being the first Province in the Dominion to secure a Bill of Registration.

Report on British Columbia, given by Miss Wright:

Madam President, and members of the Convention: The nurses of British Columbia, in 1912, decided they would have to do something, because we have a great many of the English come to us in Vancouver and Victoria, and even through the province, so that our need was very great, and we felt we had in some way to deal with this and prevent the public being imposed upon.

Some time before, Victoria had attempted something, but nothing had been accomplished. Vancouver called a general meeting in September, 1912. There were some 65 nurses present from Victoria, Vancouver and New Westminster, and the Association of British Columbia was formed with a special committee to draft the Bill. The Bill had to be ready to present at the Session in January of the following year, 1913. The Bill was made ready, and much credit was due to the committee, because, although the Bill was got ready in such a hurry, we had to make no changes, except the fee, which was made $10.00, instead of $25.00. In our Bill we recognize the fact that we have to take care of the practical nurse.

We made a clause for the non-graduate nurse giving her a stand under the trained nurses and also giving her supervision and examin-

ation in practical work and theory it would be necessary for her to know in the preparation of foods and so on.

That Bill was brought up, but was never brought before the House because it was left over till so late. The next year, one of our most important men in Vancouver said he would look after the Bill for us. Nurses of B. C. have done a great deal themselves. The association has not been called on to spend any money in getting this bill in shape. I think the total cost was about $25.00 or $30.00 for nurses' expenses in looking after the Bill.

Last year, just after the Bill was sent down to this member, we got a letter asking to have a delegation sent down. We went down, and they told us it was very unwise to present the Bill, as it was coming up with some Bills from barbers, carpenters, etc., that were going to be turned down, and it was a very inopportune time for the nurses to present their Bill. We took their advice and have just been waiting our time. We hope the time will come very soon, when we will be able to come, like Manitoba, and tell you that we have the Bill.

Report from Alberta, prepared by Miss McPhedran, read by Miss DesBrisay.

REPORT OF THE GRADUATE NURSES' ASSOCIATION OF ALBERTA.

Madam President and Fellow-members of the Association:

The brief report from the Graduate Nurses' Association of Alberta must begin, not with an apology for so little progress toward registration, as that would imply wilful negligence or indifference, but with an explanation of the circumstances which prevented more rapid progress being made. As you are doubtless aware, we are just emerging from a period of financial depression, which plays havoc with such indulgences of the well-to-do, as we so often prove to be, and, in consequence, the tendency to "float" has been more marked among our members. Even our officers have succumbed to the temptation to seek temporary fresh fields, and as a result our Provincial Convention, which should have been held in the spring, has been postponed until the autumn.

Still, we can report some progress, which at least means going in the right direction. Our Committee on Legislation was given power to act, and has proceeded with the drafting of a bill which is at present in the hands of the Government, and which will come up at the autumn meeting of the Legislature. Whether or not this bill will meet with the unqualified approval of our legislative body, remains to be seen.

We hesitate to lay the draft of this bill before you, as it has only recently been presented to the Government, and until it has been considered by them, it seems somewhat premature to give it to the public.

It may interest you to know that we hope to place the nursing profession on a par with other professional bodies of the province by arranging that the examinations held be under the control of the Senate of the University of Alberta, and that the register be kept by the Registrar of the University.

It was deemed wiser to keep, if possible, the standard up to which recognized hospitals must measure under the control of the Nursing Association through their Executive Council. This would facilitate a raising of the standard without recourse to further Act of Legislature. Should we not be able to do this, and should we be obliged to set a hard and fast standard by Act of Legislature, you may rest assured that our endeavor will be to keep that standard as high as possible.

We sincerely hope that at the next meeting of the Dominion Nurses' Association, Alberta will be able to report not only a bill drafted, but a Registration Act.

ELEANOR McPHEDRAN.

Miss Kirke: I should like to ask what is being done in Newfoundland. We have a representative, as you know, from Newfoundland, and although we cannot claim Newfoundland as one of our provinces, we would like to hear from Newfoundland. I think it is very gratifying that every province has been reported from to-night.

Miss Southcott: I am afraid the time is not ripe in Newfoundland. We have not begun to even talk about Registration. Perhaps in ten years' time when I come to a meeting I may be able to say something about it.

President: Is there any question in regard to Registration in the various provinces?

Miss Browne: I rather anticipate that we are going to have trouble with our Bill in regard to the Board of Examiners. The Bill stated that the examiners were to be composed of trained nurses, and we discovered the Minister of Education was wondering why doctors were not going to be represented on this Board. There are some nurses of experience here who perhaps would be able to suggest how this should be dealt with.

Miss Cotter: Madam President, do you think that while we are accepting lectures from the medical men, that we can push them right out of the way at the present time? I mean our hospitals are accepting the services of the lecturers for their pupil nurses. We expect in Manitoba that likely we will have doctors on our examining board, but we hope before very long, if they are there, to crowd them out.

I would like to say, by way of encouragement, that when the Bills in the other provinces come up, and they tell you they have Bills from barbers, carpenters, and other people, it might be interesting to know when our Bill went up the Chinamen were there trying to get a Bill

to allow them to employ white help in their restaurants, so do not be discouraged.

Miss Crosby: If doctors should be crowded out of the Board later on, why have them on the Board at the beginning?

Miss Madden: It seems to me the doctors should have to prove their case first. Why should doctors be on examining Boards for nurses any more than nurses on examining Boards for doctors?

President: I should ask them what nurses they have appointed on their Examining Board for the doctors. I think that would be a logical question.

Miss Crosby: Or if there are doctors on Examining Boards for lawyers, it would be just as reasonable.

A member: I do not see very well how you could keep them off, where there would be a reason. We are depending on doctors, and I do not see what reason could be advanced why doctors should not be on examining Boards.

President: The Ontario doctors have not done a great deal to help with the Bill so far. Clause 18 has blocked things in Ontario for two years, and probably will block them for a while longer.

Miss Crosby: I do not think, Madam President, that the whole medical profession should be blamed for that, because we have a doctor an Inspector of Hospitals. He is the man that is responsible.

President: I think there are others back. I think, Miss Browne, that it is a nursing question, and that nurses should be the ones to decide what examinations should be given, and who should pass. Matters of that kind should be left to the nurses, just the same as we leave the medical examinations to the medical men, and teaching examinations to teachers. I think it is logical to say that the Board should be composed solely of nurses.

Miss Browne: The medical profession in Saskatchewan took absolutely no notice of Registration for nurses until they discovered we had the Bill all in shape to be presented, and they suddenly became quite interested and were quite ready to take the Bill into their council and pass it through when we did not need their aid at all, just when we were in a position to do it ourselves. Registration has been needed in Saskatchewan, of course, the last number of years, but they never seemed to see that need until we had that Bill ready, so we do not see our way clear to having them on this Board.

President: I would suggest that if you need some other workers you ask them on this Board, but it is a matter to be left to the judgment of the women themselves. If we need them we can invite them, if we do not need them, leave them out.

Miss Phillips: When we were working over it last winter, we sent a request to the Medical Chirurgical Society, asking if we could meet them. The Secretary wrote they could not see their way clear

to meet us at that time, which, of course, we took as coming from the Secretary of the society and a perfectly lawful thing. Afterwards, when this was spoken of to one or two of the friendly doctors they said they had never heard it, so we have not very much help to expect from the doctors in Quebec. They said the nurses were getting too independent.

President: That, probably, is the trouble. They are afraid the nurses will get independent. I think the nurses should be able to stand on their own feet, say what the profession should be, arrange the curriculum, and so. Until the nurses do that, the profession cannot be raised to the heights that are possible. Be independent; it is all right to get the help, but be able to stand on your own feet.

Miss Cotter: I want to say by way of encouragement, when the Bill comes before the House you will find that the ones who oppose the Bill most strenuously are doctors from the small country towns. They are the ones we have to blame for mutilating our Bill.

Paper: "Status of Nurses in Great Britain," by Mrs. Tilley, read by Miss Paul.

THE STATUS OF NURSES IN GREAT BRITAIN.

By Mrs. W. S. Tilley, Brantford, Ontario.

The status of the nurse in Great Britain is far from satisfactory, and seems to be growing worse on account of the many ways in which they are impersonated for evil purposes. Perhaps it is not generally known here in this country that nurses in Great Britain wear an outdoor uniform as well as one for the sick room. There was a time when nurses boasted that if they were dressed in their uniform they could go to any slum in London with impunity and without suspicion, but they cannot do that now, for the reason that prostitutes and disorderly houses are using the nurse's dress. Not many years ago a negro kept a house in London, put women into it, supplied them with nurses' uniforms, and plied them out as nurses, although it was afterwards found to be nothing more than a place which was kept for immoral purposes. Not long ago a woman who claimed to be a certificated nurse from the London Hospital was prosecuted for stealing from a patient seven gold rings, a gold watch and chain, a Masonic badge, four ten-pound notes, and other articles. The theft of which the accused was convicted was not the only or the worst aspect of the case; there was a sinister suggestion of white slave traffic about it which must put every careful mother on her guard against admitting to her house and to acquaintance with her daughters unknown women wearing the once honored uniform of the trained nurse, but now adopted by criminals of every kind as a cloak for their nefarious pur-

poses. A nurse wearing her outdoor uniform in Great Britain to-day is looked upon with suspicion by the public and the police, and many instances are told of mothers removing their daughters from one railway carriage to another on account of the presence of a nurse in uniform, and nurses are warning each other not to wear their uniforms at railway stations in London.

Recently a judge in the Chancery Division of the High Court of Justice decided that a trained nurse was a domestic servant, holding that they contracted for domestic or household service. Skill and training count for nothing in the eyes of the law.

The General Powers Bill of the London County Council, now before the House of Commons, proposed to register and inspect nursing homes as part of a scheme to prevent immorality in houses described as massage homes, and other bogus places which can pose and flourish as professional institutions, owing to the lack of any professional status for the properly qualified persons, who alone should be permitted to conduct them. The Parliamentary Committee of the London County Council claim that this could be done more efficiently and economically by the Borough Councils as an extension of their powers under the Disorderly House Act. This, if carried out, would be fatal to the status and prestige of private nursing homes. Inspection as conducted by the Borough Councils would mean police inspection at all times and at any hour. It is easy to see what this would mean to superintendents of nursing homes and to patients under their care. They had no association, and are a body of very busy women, with no time to organize or keep themselves well informed on matters which affect the professional status of the institutions they controlled. Fortunately, the National Council of Trained Nurses took prompt action, and presented a petition asking that the power of inspection be retained by the London County Council, and also urged the necessity for professional inspection. They were successful in their effort, and once more a danger to the profession has been averted. Superintendents of nursing homes have now formed an association to enable them to co-operate and to protect their professional status and interests. There is a great shortage of nurses in Great Britain at present, and very real suffering is being caused in many institutions owing to their failure to get nurses. The Newport Board of Guardians have spent seventy-one pounds in advertising for nurses in the last two and a half years. The Fylde Workhouse Infirmary advertised for weeks with no result. Reports of similar difficulties come from many institutions, showing the widespread nature of the shortage. The disorganized condition of training, service, and small pay, the competition with the untrained, the increased number of nurses required to meet new work compared with many other occupations open to women, all in part account for the lack of supply of the

best type of women to meet increasing demands for probationers and nurses. There can be little inducement to adopt a profession invaded by adventurers, thieves, white slaver traffickers, and other criminals who pose as nurses, and who are permitted to do so without let or hindrance, provided they do not bring themselves within the arm of the criminal law. The present nursing conditions are a scandal to any civilized country. It is time the public aroused itself on this question and supported trained nurses in their demand for the protection of the profession through a Nurses' Registration Act. A poster parade protest against misuse of nurses' uniforms by immoral persons was held by the nurses this year. Charles Dickens, in the preface of "Martin Chuzzlewit," written about 1843, speaking on the subject of the care of the sick says: "Mrs. Sarah Gamp was 24 years ago a fair representation of the hired attendant on the poor in sickness. The hospitals of London were in many respects noble institutions, in others very defective. I think it is not the least amongst the instances of their mismanagement that Mrs. Betsy Prig was a fair specimen of a hospital nurse, and that the hospitals with their means and funds should have left it to private humanity and enterprise to enter on and attempt to improve that class of persons." We are all familiar with the two characters portrayed by the writer. I mention this to show that even at this early date the need of better supervision was felt.

For the last quarter of a century the medical practitioners and trained nurses in Great Britain have recognized the urgent need for organization in the nursing profession. They have strongly urged the necessity for the definition of a standard of nursing education, together with the State registration of those who attain it. This would at once differentiate between trained and partially or untrained women, and enable nurses, through a central governing body appointed by the State, to maintain discipline in the ranks of their profession. It was as far back as 1887 that Mrs. Bedford Fenwick and the British Nurses' Association, which a few years later became the Royal British Nurses' Association, first formulated proposals for registration. Two years later the General Medical Council passed a resolution to the effect that it would be generally advantageous to the practitioners of medicine and surgery that there should be some authoritive certification of competent trained nurses who should be subject to common rules of discipline.

The British Medical Association at its meeting in July, 1895, unanimously resolved that it was expedient that an Act of Parliament should as soon as possible be passed providing for the registration of medical, surgical, and obstetric nurses. The Society for State Registration was formed in 1902, and on the initiative of this, the first bill on the subject was introduced into the House of Commons by

Dr. Farquharson, member for West Aberdeenshire. Meantime, opposition had crystalized into tangible form. Those who took a foremost part in this movement were the General Hospital Council for London, who invited the strongest expression of disapproval from hospital boards of management, infirmaries, and nursing institutions. Both the London Hospital and St. Thomas' Hospital threw the great weight of their influence against registration, while in reply the Committee for State Registration demanded and obtained the appointment of a select committee "to consider the expediency of providing for the registration of nurses."

Little more, however, was heard of the subject until 1906, when Mr. Munro-Ferguson, to-day Sir Donald Munro-Ferguson, Governor-General of the Commonwealth of Australia, introduced another bill, and the select committee was reappointed. This reported unanimously in favor of a register to be kept by a central body appointed by the State. The Marquis of Crewe, as Lord President of the council, received deputations on both sides, replying to the opposers that it was impossible to ignore the findings of the select committee. Then the next year saw another bill in the Commons, and in 1908 Lord Balfour of Burleigh introduced a measure drawn up by the Central Hospital Council, to provide for an Official Directory of Nurses. Lord Amptthill moved its rejection, and obtained this by a majority of thirty-three, and in the same autumn the Upper House passed a bill in favor of registration.

A representative deputation waited on the Prime Minister in May, 1909, in support of the bill then before the House, and in his reply Mr. Asquith mentioned the strength of the opposition as showing how widely the medical and nursing professions were divided on the subject. All, however, wished to see the nursing profession brought to the highest point of proficiency, and he promised careful and sympathetic consideration to the arguments that had been raised. Last year, Dr. Chapple, who it may be incidentally mentioned, practised medicine in New Zealand, where registration has been in force some years, introduced another deputation on the subject. On that occasion the Prime Minister again summarized the extent of objections, and said it was impossible in the press of business twelve months ago to give facilities for a bill of such a controversial character. Could its supporters conciliate their opponents, they would have no more ardent supporters than the Government.

The supporters of registration lay great stress upon the view that the main purpose of the bill is to standardize nurse training, both general and special. At present every institution or hospital, large or small, is a law unto itself. The want of a central authority leads to uncertainty of qualification quite apart from the oft-repeated argument, only too frequently realized, that there is nothing to prevent

a bogus nursing home from sending out a young person of no training whatever and calling her a "nurse." But a further point that they make is that the State is an increasing employer of nurses, and that when a profession is thus officially subsidized a standard must be set up. The Army, the Navy, the Indian Office, the Colonial Office, and the Local Government Board all maintain recognized services of nursing. More and more are employed by the Home Office in various inspectional capacities. The Board of Education is ever making fresh appointments in the interests of the health of school children. The "panel nurse" in connection with the National Insurance Act is looming up upon the horizon, and though she may for a time be found through the Queen's Nurses, that splendid body may not always be equal to the demands. On March 3rd of this year Dr. Chapple introduced the Nurses' Registration Bill into the House of Commons. Dr. Chapple begged leave to move: "That leave be given to introduce a bill to regulate the qualifications of trained nurses, and to provide for their registration." Mr. Handel Booth arose and opposed the bill. After short speeches by the mover and the opposer, the bell tinkled and sonorous voices shouted, "Division" throughout the House. For a few minutes the fate of the bill hung in the balance. Would these men with absolute power over the nurses' condition of life file to the right or to the left? Would they pass up the steps into the "aye" lobby, or into the "no" lobby? It was with feelings of great thankfulness and joy that nurses in the ladies' gallery watched them turn in greater numbers to the left. Then in a few minutes two figures were seen side by side coming up the floor of the House. The champion of the bill and the opposer arrived at the table. Dr. Chapple read out the result of the ballot. For leave to bring in the bill 311 against 82; majority for 229. This bill was then presented by Dr. Chapple and read a first time with cheers. To be read a second time upon Friday, the 13th of March.

The victory, the importance and completeness of which can hardly be over-estimated, must be pushed to its legitimate conclusion by united effort; no stone must be left unturned to place the Nurses' Registration Bill on the Statute Book in the near future. The support given to the bill by leading men in all parties was most encouraging. In dissecting the voting for and against the bill, it is highly satisfactory to note that nurses' registration is in no way a party question. Quite otherwise, as members of every party in the House are evidently alive to the importance of safeguarding the public and granting to trained nurses some measure of professional protection. The Nurses' Registration Bill was put down for a second reading on March 13th, but, owing to the business of the House, it was not reached before adjournment. On the afternoon of that day a large contingent of

nurses attended in uniform, just to show their interest in their own affairs.

On March 16th the second reading was blocked by a "professional blocker," Sir Frederick Bambury, one of the two members for the City of London. Night after night Dr. Chapple has had the Nurses' Registration Bill down for second reading, and quite as persistently Sir Frederick Bambury has popped up and blocked it. It does not seem possible that one "anti" could have power to obstruct a bill for public welfare which had a 228 majority vote, but such evidently is the law.

At a recent meeting of the Central Committee for the State Registration of Trained Nurses in London it was agreed to petition the Premier for time for the second reading of the Nurses' Bill. All the opposition to the bill comes from a few powerful London hospitals, which certificated its probationers at the end of two instead of three years' training, and very profitably used their services as private nurses after this short term of training, and from nursing associations which provide insufficiently trained nurses.

But with steady fighting for so good a cause our sister nurses in Great Britain will ultimately gain their goal. The progress of their cause will be earnestly and sympathetically followed by nurses in Canada, with hearty good wishes for their success.

Miss Southcott: Madame President, may I ask what is the status of nurses in Canada. I think that paper gives us to understand the nursing districts are in good standing on this side, while I should also like to remind them that to the Nightingale Training School was due the training on this side of the Atlantic. I think that was forgotten.

President: Miss Randal has asked me to announce that there will be a meeting of the executive council of the Superintendents' Society at 9.30 a.m. to-morrow.

Some correspondence that should have been taken up this morning and was overlooked, will now be read by Miss DesBrisay.

The Secretary then read from the Graduate Nurses' Association of British Columbia, an invitation to hold the next annual meeting in Vancouver.

Moved by Miss Gunn that the invitation be accepted.

Meeting then adjourned till Saturday morning.

Saturday, July 11th, 10.00 a.m.

President: We will now take up the paper, "Qualifications of the Successful Private Nurse," by Miss Mabel Clint, of Montreal, and which Miss Kirke has consented to read.

QUALIFICATIONS OF A SUCCESSFUL PRIVATE NURSE.

By Mabel Clint, Montreal.

There are lazy, untidy, unreliable, frivolous, extravagant nurses. My professional experience has brought me into contact with such, and I sympathize heartily with the households into which they have been sent.

They lower the profession in the public esteem, and the evil that they do lives after them, and becomes a theme for cavilling criticism of a whole class.

Each school unfortunately has on its roll some such graduates to whom their three years' training has brought no improvement in character or habits; but every calling in life has its delinquents, and I believe that those who are sufficiently interested to investigate facts must acknowledge the vast indebtedness of the sick and their attending physicians to the trained nurse, whose ever-widening sphere of influence is unobtrusive, silent and usually not in evidence to the public eye.

There are very few people, even doctors themselves, who realize how many-sided a nurse's duties may be; certainly no text book has ever enumerated half. In a hospital they are prescribed and assigned, but in outside practice they vary greatly, and the constant adjusting oneself to new conditions is part of the daily brain fag we all know.

Though the subject of this paper is properly "The successful nurse's qualifications," I prefer to deal with it in two divisions; the second being the personal life of the nurse, and whether it tends to fit her for her work as it ought to do. As we shall only consider averages it is best to eliminate two classes and confine ourselves to the middle ranks.

Of the noble women who head the professions—Sisters of Charity who work in the slums of our cities, seeking no earthly reward, whose vocation leads them into exile and danger as medical missionaries, or who give their lives to district nursing among the masses, I do not intend to speak. Perhaps some of us, if circumstances permitted, would prefer that kind of work.

Nor is it necessary to consider the other end of the scale, the "Romantic" girl who enters a hospital filled with ideas of the magic properties of a uniform, gets through her training as easily as possible and practises in a desultory fashion for the sake of an extra income to spend on personal adornment.

To the first class would belong the woman who is obliged to "send money home," but such cases I trust are exceptional and for present purposes I select only the woman who entirely supports herself, and is trying to save something for that inevitable day when she is worn out.

It is frequently alleged that a nurse should be so devoted to the al-

truistic side of her profession that no monetary or social consideration should enter into her calculations, but I contend this is only a half truth.

All medical men do not aim to practice in Labrador or Fiji, and yet the community could ill spare a brotherhood who, whether with high ideals of individuality or not, do in main contribute greatly to the good of the world, and are often the best friends of those to whom they minister.

So with nurses, as long as a woman has an aptitude for the most arduous work her sex can do, and does it honestly and capably, she has every right to enter the ranks and earn her living by rendering very necessary services to others for money—services for which sometimes any payment in coin is totally inadequate.

While it is a truism that a nurse is born, not made, still there are times when training is more valuable than instinct, nearly all surgical cases come under this head. There should be some liking, at least, for the work, or no nurse can be really successful, i.e., the reaction on herself will be disastrous much more quickly. There are, however, exceptions, two very good nurses I knew, conscientious, capable and popular, hated every detail of the whole business.

The nurse is yet to be born who will please every patient equally, but to win their confidence should be the task of the first few hours while one studies their personality and point of view continually, and a wise rule at all times is never deliberately to deceive a sick person about anything.

And I have often noticed that to be able to make a patient comfortable in little ways is of great importance. A "case" may never realize, or quickly forget, that you have saved his life, but the pillow put in the right spot, the hot water bottle always ready where wanted, or the drink promised—and forgotten—these dwell in the memory, and invest the nurse with blessed or neglectful character.

The essential qualifications of the successful nurse with which nature must endow her are: Robust health, sympathy, tact, trustworthiness, intelligence. The essentials which may be acquired are: Patience, good memory, self-control, accuracy, neatness, firmness and cheerfulness.

Presence of mind in emergency, judgment, observation and system are (or should be) developed by training. To these must be added the art of speaking and moving quietly. Any nurse who cannot modulate her voice to the lowest key, or close a door softly, should not get her diploma, no matter how brilliant a technical examination she may pass. To cure a patient of any "Itis" and leave her with nervous prostration is a poor result.

That an up-to-date trained nurse should have a good general education, be able to discuss a variety of subjects, read aloud well, and do

a certain amount of light cooking, are also requisites, especially with convalescents.

But this by no means closes the list of what many patients and their friends consider that nondescript biped or super-woman commonly called "Nurse" should perform, and perform competently. That she should be masseuse, manicurist, hairdresser and bridge player are accomplishments necessary to the lady of leisure, in whose estimation, too, she sinks if not fashionably garbed.

To be a good raconteur (quality of tales not scrutinized too closely), gossip about other people's households, attend to extensive housekeeping and shopping, if necessary, or, on the other hand, stoke the furnace, cook the dinner, and now and then act as hewer of wood and drawer of water, are a few of the requirements which women patients sometimes demand in part or in combination.

Is any other business woman expected to have extraneous accomplishments and is a period of three years' crowded training (far too much of which in some hospitals is occupied in scrubbing routine) going to turn out a finished article in any of these lines? Or does any other woman (not to mention men, till equal rights prevail) work twelve to eighteen hours a day, seven days a week, month after month, for any compensation whatsoever?

The average medical practitioner expects that a nurse should be well supplied with everything necessary to assist him, and should, at a few days' notice be able to leave her lodgings perfectly equipped for a trip with his patient to Norway or Florida.

A recent paper on nursing noted the derisive comment of a doctor on the foolish way nurses spent money on silk skirts, etc. Another, to whom the remark was shown, more sensibly recognized it as the nurse's own business, just as his expensive cigars were his form of extravagance. It is an open question whether the first individual with a good case on hand would not call in preference the nurse with the silk skirt rather than one whose shabby costume might not have attracted his attention.

The fact is that physicians, though so continually in contact with nurses, know as little as anyone else about their ordinary circumstances (as witness those who commented severely on the elevation of the fees by 50 cents a day two years ago). We bear testimony gratefully, however, to kind attention on the part of the profession to sick nurses, and to insight into the fact by a few good physicians, that the nurses they employ are debarred from nearly all that makes life agreeable to other women.

In her relation to the patient the nurse must shield her from all adverse influence and anxiety, standing between her and relatives, if necessary, and must see that all details are run smoothly for her advantage, at the same time studying her characteristics so as to deter-

mine when to yield and when to be firm in executing orders disagreeable to her.

The nurse's relation to the attending physician should consist in loyalty to the spirit as well as the letter of his instructions. The amount of responsibility she should assume in the doctor's absence will depend greatly on the case and the man. Working under one practitioner frequently will, of course, facilitate this knowledge. The nurse can throw light often, particularly in nervous cases, on causes while he only sees the effects, and she should to the utmost of her ability anticipate his wants and economize his time by clearly stating all important items since last visit.

Dealing with the family perhaps presents the most difficult problem, and several days of observation are usually necessary before the inner attitude of the household can be understood, so that the stranger in their midst may offend none. That any confidential matters which may come to a nurse's knowledge should be inviolately respected is, of course, obligatory. She should, if she has "hours off" during the day, arrange them so that none of the family has any order to carry out for the patient; be punctual in returning, and never remain out later than 9 p.m., so that there may be no delay in settling a patient comfortably for the night. The night nurse who goes to matinees frequently, or otherwise uses the hours when she should be sleeping, robs either herself or the patient.

Then there is the possibility of friction with the servants. Personally I believe a little tact only is necessary to placate the staff, and have heard few complaints on this score. Where only one maid is kept the nurse, if possible, ought to do everything for the patient, and not allow illness to upset the ordinary routine of the house. But where there are several it becomes a question whether they prefer waiting on a nurse to a certain extent, or letting her meddle with their duties in their own domain. No hard and fast rule can be laid down, and one must be prepared after carefully considering a course of conduct, to have it turn out to be the wrong one to pursue. Such are the minor distresses of private practice.

Finally, in some cases, where moral obliquity or remorse is closely connected with physical consequences, there is a call upon all the strength of character and religious conviction which every true nurse should have, and the privilege of inspiring a new outlook on life is peculiarly her office. Her intimate but impartial position often enables her to take the place of the church, the physician, or the dearest relative, and sometimes there is no one else "to warn, to comfort, to command." If then she is appointed to be a "ministering angel" indeed, she should thank God and take courage. Perhaps, to sum up, a nurse's obligations can be briefly described in the words of the Nightingale Pledge, which I subjoin, as it may not be familiar to all:

"I solemnly pledge myself before God to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling, with loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care."

Before dealing with the second part of the subject let us premise again that there are faults for which a large proportion of nurses are justly blamed. The chief I have heard mentioned are:

A want of refinement in anecdotes related in order to amuse some patients; lack of attention to religious duties; extravagance in dress; love of a "soft job" in high places, where for good food, comfortable room and little labor, a nurse is willing to become a companion merely; carelessness in saving money, and having no definite object in view, so that at the end of ten years there is nothing to show for her incessant work, and the money which has passed through her hands; heartlessness and flippancy.

I concur that the above are true of some nurses, but they are not in the long run the successful ones, and certain of the criticisms are now to be examined.

How, then, does the life the average trained nurse is obliged to lead qualify her to fulfil her duties to the best advantage? If she works hard ten or twelve hours a day, ten months of the year, she ought to have a comfortable room and bed, good food, no petty worries, some pleasure at least once a week to relieve the deadly monotony, and two or three months' holiday at the sea or among the mountains.

Does she get them? I have no hesitation in saying she does not. In Montreal, where the profession is most largely represented in Canada, the nurse usually lives in cheap lodgings, a small room, and more or less comfortable lounge-bed. She has a right to a fractional portion of the bathroom at odd moments. There is usually more noise than agrees with her strained nerves, and much more than enough when she lies awake most of the day on night duty. When off a case she does light housekeeping in her room for two meals, perhaps, and walks some distance to another at a poor restaurant. There is often no sitting room where she can receive a friend, and no one in the house who is congenial. An apartment for several nurses brings the maximum of comfort, but the responsibility falls heavily on one or two as a rule.

Toronto is better supplied than Montreal with "Nurses' homes," but there is a great need in large cities for a hotel for working women. It should have a scale of prices, provide library, sitting, sewing and

laundry rooms, and have a restaurant attached. Such a building would be a boon, and would return the outlay. It would enlarge the outlook and knowledge of the residents following various avocations. Nurses especially would not talk "shop" continually.

As to recreation, the theatre is perhaps the best amusement a nurse can have, but if on duty she never can attend a performance comfortably. After an arduous day she hurries to get her seat without having a chance to rest or dress properly, and is usually too fatigued to enjoy the play.

Being up till midnight even occasionally makes the task of rising at 6 a.m. far harder than usual, and consequent fatigue militates against good work. Nurses who work steadily have often told me that when on a case everything in the line of late hours must be cut out. Besides, the evenings (or early mornings on night duty) must be occupied in the prosaic occupation of keeping uniforms in order, mending, washing and pressing odds and ends, and there is not time often for months to read a novel or visit a friend.

Some girls are fortunate in having wealthy friends with whom to spend a vacation, but not all can afford the two months they should certainly have. Every day off is a dead loss. No salary goes on while they wait, and the expenses of a real holiday take years of saving to accumulate.

Why is it that of all business women nurses alone are accused of exorbitant charges? Nurses were the very last to raise their fees two years ago, though the cost of living to them, as well as to others, had about doubled in ten years.

After spending three to four years in training, we make, by incessant work all the year round, twelve hours (or more) a day, Saturday, Sundays, and public holidays included, rather less than an expert stenographer, who has no greater expenses; and we are exposed to risk of contagion, get little fresh air, lose nights' rest for weeks, and often have disagreeable tasks to perform.

Ignorant and mischievous statements are sometimes made by people who ought to know better, that nurses earn their money easily. Let any of these critics try one week's duty on even an easy case, and honestly admit the result. Of course, there are easy cases, but nearly all nurses prefer to be busy, and no patient is obliged to keep a nurse when there is nothing for her to do.

Perhaps the hardest of all duties is long attendance upon a so-called convalescent neurasthenic, when the nurse degenerates into a mere lady's maid, subject to the changing fancies of a brainless butterfly. The constant, exhausting effort to amuse and interest affects both mind and body, and with the few moments at a nurse's disposal for study, recreation or pursuit of a hobby, and the necessity of obliterating herself completely, it is a marvel that in a year she retains any in-

dividuality at all, and does not in every case become a mere machine, or swell the number of the State's patients in our asylums?

The strain of "ministering to a mind diseased" takes more out of a nurse than any other form of nursing. I think all the sisterhood will agree that it requires an endurance of nerve-control greater than most men can attain to.

Doctors often say outside a patient's door after a five minutes' visit, "How can you stand it?" Yet, should the nurse want to be relieved after three or four months, they are possibly astonished or annoyed.

Few nurses who work steadily at all have not impaired health, or are incapacitated in some respect before forty, and the well-known fact that our active working life is limited to ten years should settle the question and silence the babbling fault-finders who claim that it is an easy career.

Let us look at some of the other disabilities which affect the nurse sorely, and cause her to have less life of her own than almost any other member of the community.

Social gatherings among her friends she must eschew, for she can never count upon being punctual or keeping an engagement. Her friends, no matter how cordial and generous, gradually drop her from their calculations, occasional intercourse only serves to show how little, after a year or two, their interests coincide.

The casual acquaintance of patients, however pleasant, cannot as a rule take the place of the friends one would ordinarily make; and it is the exception, rather than the rule, when a patient remembers for long, services rendered.

"She got $3 a day for doing it," they think covers a multitude of extras. That there are others, men and women often humble and poor, whose gratitude has gone far to make tolerable a lonely, weary, empty life, in which otherwise there would have been few compensations, every nurse will acknowledge.

Also nurses who previously cared for their church duties are almost entirely cut off from that outlet for months at a time, though this happens chiefly in hospital cases. And here let me say that the exclusion of the seventh day of rest, it seems to me, is a great factor in determining the early exhaustion of vitality in nurses. In the French Revolution it was discovered that even one day in ten was not sufficient regular rest, and yet if a nurse at the end of a case were to take five or ten days off to correspond with the number of weeks she had been on duty, none of "The Authorities" would understand it.

As to complaints of extravagance, if well-founded in many cases, they are more than offset by the large percentage of those who have had to learn the art of "doing without."

It should also be understood that "bargain-hunting" is not pos-

sible for nurses, and that sometimes a season's outfit must be chosen in a few hurried hours off. The girl, too, who has been accustomed to economize by making her own clothes can do very little of that in the two hours that elapse between getting off duty and bedtime.

Perhaps I ought to apologize for taking up so much of your time in trying to show that a nurse's life reacts upon her duties, and should be well ordered, but I feel sure it will appeal to everyone here who has done "private nursing."

I was much struck recently by an argument that the eight-hour day alone afforded scope for a man to develop his mental and physical life, and thus give the best of himself to the demands made upon him by his work. All organizations now recognize this natural division of the twenty-four hours. Everyone can work at high pressure for a short time, but over-stimulus brings strain. There does not seem any way of managing an eight-hour day in our case, but I plead for a more just and generous view of our work and hampered existence than is generally accorded us.

And yet, though the grey days predominate and there is more prose than poetry in the nursing profession, there are moments at least when we rise to heights where the eternal sunshine triumphs, feel we are more than ciphers in the great account, and are accomplishing our small part towards the consummation of "That far-off divine event, to which the whole creation moves."

Dr. Hattie was then introduced by the President. He said:

Madam President, and Ladies, I have first of all to thank you for the honor you have done me in asking me to present the paper before you. I thank you for overlooking the fact that I was unable to be present yesterday and allow me to come before you this morning. I assure you that I appreciate these courtesies, and I am sorry that I am not able to give you something more in the way of a paper. I am sorry that I must immediately leave you.

THE NOVA SCOTIA TUBERCULOSIS PROGRAMME.

By Dr. W. H. Hattie, Provincial Officer of Health.

I have been asked to contribute a paper outlining the proposed Nova Scotia plan for district tuberculosis nurses. Frankly, no specific plan has yet been prepared. The legislation of 1913 empowers the Provincial Government to appoint such competent nurse or nurses in each county in the province as may be necessary. The nurses shall make their headquarters at the several county clinics, and their duties shall be to visit all parts of the county to which they are respectively appointed, for the purpose of ascertaining and reporting cases of tuberculosis; to co-operate with the local physicians as to the best

means of dealing with such cases; to visit homes where persons are afflicted with tuberculosis diseases; to assist in nursing needy cases; to give instructions; to keep a record of all reported cases, and perform such other duties as may be assigned to such nurses by regulations to be prescribed by the Provincial Health Officer.

This states, almost in the exact words of the Act, what is expected in a general way of the tuberculosis nurses. It is, of course, assumed that those who are to be engaged to take up this work will have had special training in district tuberculosis nursing, and the purpose is to bring into the service nurses who have been trained in different schools, so that we may have the benefit of experience gained in various localities. It is probable that their work will be carried on under a superintendent of tuberculosis nurses, who, of course, will be one who has demonstrated her capacity for organization and administration.

In each county of the province a tuberculosis clinic is to be established. In some of the counties it may be necessary to provide more than one such clinic, and consequently more than one nurse. In any case, the territory assigned to each nurse will be be an extended one, and she will undoubtedly have to do considerable traveling. It is anticipated that the physicians whom she is to assist will, as far as practicable, co-operate in arranging for her transportation.

The probabilities are that the various county clinics will be open on but two or three days out of each week, and then for not more than an hour or two each day. The nurse will, of course, be required to so plan her work that she will be on hand when the clinic is open to render necessary assistance to the physician in attendance. At other times she will be available to go to such homes in any part of the county as may need her services. It cannot, of course, be expected that she will be able, under such circumstances, to do much actual nursing, but she will be expected to teach those in the homes how the sick person should be nursed, and especially how they may protect themselves and others from infection. While the distances she will be obliged to cover will preclude frequent visitations to these homes, she will be required to carry on follow-up work to the greatest possible extent.

There can be no doubt but that many cases of tuberculosis never come under the care of, and are never brought to the knowledge of, physicians. It is hoped that by tactful enquiries in the homes into which she is called to minister, the nurse will be able to learn of many of these neglected cases, and, by reporting them to the appropriate authority, have them brought under proper supervision. This is the evident intention of the words "for the purpose of ascertaining and reporting cases of tuberculosis," which have led some to suppose that the nurse will be expected to act as a sort of tuberculosis

spy and to make diagnosis, which, of course, would be clearly beyond her jurisdiction.

There has existed for a number of years the Provincial Sanatorium at Kentville. This is designed for the treatment of incipient cases of tuberculosis. In 1913, legislation was enacted which purposes the partition of the province into at least five districts, each of which is to be provided with a hospital for the treatment, particularly, of persons suffering from advanced tuberculosis. In each county of the province a tuberculosis clinic is to be established, at which, as before stated, the county tuberculosis nurse will make her headquarters. Each of these clinics will be attended, at stated times, by a physician, and at least once a month it will be visited by the Inspector of Health, who is to be skilled in the diagnosis of tuberculosis, and who will confer with the attending physician and others interested as to the disposition of patients, i.e., as to whether they will be cared for at their own homes, at one of the hospitals, or at he Kentville Sanatorium. The aim will be to so correlate the work of the nurses and the various institutions as to bring every case of tuberculosis in the province under the more or less complete supervision of the Department of Public Health.

It is unnecessary to say that the object in view is to so harmonize the work of the various agencies as to secure the most efficient possible control over the different conditions which favor the development and spread of tuberculosis. We are now so well assured that the home conditions are of especial importance in the propagation of this disease that it is felt that success in the anti-tuberculosis campaign will depend very largely upon the work done by the nurses whose opportunities for influencing the conduct of tubercular patients are, for reasons which are well known to you all, greater than those of any other class of persons. Great importance is, therefore, attached to the nursing branch of the service, and it is confidently expected that the organization of this special work will lead to such results in reducing the prevalence of tuberculosis as to amply justify the undertaking.

Miss Dyke: Madam President, in Toronto we had our special tuberculosis nurses, and we found that they were covering the entire city. They were going into homes that other nurses were visiting. I know that Dr. Hattie has not worked his plan out yet in Nova Scotia, and I am wondering when he does if he will not find the tuberculosis nurses are covering the same territory the visiting nurses are covering. I believe strongly in having one nurse for each home and then having one general supervisor. In Toronto we have one nurse for a district, that is, one nurse going into a home. But we have one supervisor of Tuberculosis Clinics who receives the report of the Tuberculosis Clinics

and from the nurses' daily reports compiles the special tuberculosis work. It seems too bad to even criticize a scheme like that, particularly when Dr. Hattie is not here.

President: I think there is throughout the world a feeling that there has been a great deal of overlapping. The poorer people especially have been afflicted by having too many people coming in and investigating and telling what to do. That has been found probably every place where there have been visiting nurses.

Paper: "Nurses' Clubs," prepared by Miss Howard, of Swansea, read by Miss Browne:

NURSES' CLUBS.

By Evelyn I. V. Howard, R.N., New York.

The Nurses' Club, as an institution, is as yet in its infancy, but it has already made an assured place for itself in the nursing world. It had long been felt that the graduate nurse needed some definite, central headquarters for business, social and educational purposes, for her hours of duty are long, her leisure limited and uncertain, and she has rarely the good fortune of living in a home atmosphere. The object of the club was to provide such a headquarters where the various nursing associations might meet: where general discussions on common nursing problems and business might be held; where opportunities could be afforded of keeping in touch with the progress of nursing affairs; and where the nurses could gather for rest and recreation and entertain their friends under discreet chaperonage.

The private-duty nurse, sharing her room with one or two others, may find herself excluded from even that apology-for-a-home during her brief hours of recreation, while a room-mate, engaged on night duty, is taking her necessary sleep there. For her, the club house with its quiet library, attractive reception room or shady verandah, proves a delightful resort, where congenial companionship may often be found and where she can meet and entertain her friends. The institutional nurse, bound by the necessary rules and restrictions of hospital life, finds a refreshing sense of freedom in the atmosphere of her club rooms and an opportunity to see her friends outside hospital walls. So, too, the nurses engaged in the several departments of social service and public health nursing, after a busy or depressing day, may be glad to revive their drooping spirits in a more cheerful environment.

But we must not dwell on the social aspect of the club to the exclusion of its other advantages, not least among these being its educational opportunities. Nurses graduate and go out into the world with very vague notions of the big body to which they belong and of the great work in the world which that body is doing. In one or two of

our clubs the winter's programme includes lectures by prominent members of the profession on various nursing topics, and aims to awaken interest in broader issues than those that engross the individual nurse in her daily work. It should be the endeavor of every club to stimulate interest in the affairs of nursing among those who are inclined to drift away, through indifference or disinclination, and to draw new and older graduates together in united interest for the advancement of their profession.

But there is yet one other service which our club must render if it is to fulfil our ideal. If we are to recognize our duty towards our neighbor we will not fail to offer, through our clubs, a helping hand to the graduate of the out-of-town hospital who may come to the city alone and friendless, to seek employment. To such the club should be a welcoming friend, ready with advice and shelter until a permanent home be found, and the "Stranger within our gates" be not left an easy prey for the ever-ready commercial registry.

In regard to the organization of a club, there are, of course, difficulties to be met; but that they are not insurmountable has been proven by those already in existence. The initial expense has been met in various ways in different communities and though nearly all associations have been glad to accept monetary assistance, in order to organize, almost all have become self-supporting within a short time.

In New York City, the National Board of the Y.W.C.A., feeling that nursing was almost the only field of woman's endeavor to which they had never lent their assistance, offered their help in the establishment of a central club, which was very gratefully accepted. In another American city a number of society women interested in the nursing profession through their friendship with Mrs. Hampton-Robb, gave as a fitting memorial to Mrs. Robb whose great ambition it was to see very generously of their time and money to the establishing of a club such a club in existence. The Graduate Nurses' Association held a fair in the club house at the time of its opening, the proceeds of which went towards the fund for buying the building. Several other associations have also used this means of obtaining funds and enlisting the sympathy and interest of the general public.

A club has been recently opened and entirely financed by the nurses themselves, who subscribed for shares from $5 to $25 each. These shares are not expected to pay dividends, and it is noteworthy that most of the subscribers were among those that will benefit least by the club. In one or two instances the building has been given outright to the nurses by some friend desirous of showing the keen interest entertained for the profession. But, while the assistance and support of disinterested friends cannot fail to be gratifying to the nurses concerned, and have, in fact, been the means of establishing most of our clubs in the past, it would be humiliating indeed if a profession embracing so

large a body of women should continue to be willing that a large share of the burden fall on those not directly interested or benefited. It has been demonstrated by the alumnae of one or two training schools that it is quite possible for even a comparatively small body of nurses, enthused with the right spirit, to finance and govern a club entirely themselves, and, I might add, make it a financial success.

The question of maintenance is one to be individually settled, for what may be practicable in one community, may be impracticable or unpopular in another. In all clubs established thus far, the dues are moderate and by no means provide a sufficient income. The Toronto Graduate Nurses' Club adds to its receipts by taking in transient guests who must be introduced by members. Here they also serve tea for the members and their friends on request, and provide entertainment for evening parties. One or two clubs serve tea on stated days and maintain a dining room which serves good meals at moderate rates. Where the Central Registry is housed, there is, of course, a small rent demanded. Several clubs make their running expenses largely from the rental of rooms to nurses who, in some cases, are also provided with meals. Opinions differ as to the advisability of this. It has been argued that the club house becomes subservient to the needs of the resident nurses and, also, that living in groups inclines to make the nurse narrow and prone to talk shop. Others maintain that the resident nurse is a good advertisement as well as a source of income, for she helps to make the club better known and attracts to it at least her own circle. Certainly the club proves popular as a home and the waiting list is usually long. Where room accommodation is offered, it must rest with the nurses themselves to decide who shall most enjoy the privileges of the club—resident or non-resident members. As to talking shop, it is, perhaps, as much the result of temperament as environment, and is by no means confined to our profession. But it would seem quite possible, in the interests of the useful knowledge which we can all gain from the relation of each other's experiences, to tactfully discourage the detailment of the petty incidents of the day, though there are times, perhaps, when, like murder, they "will out."

The question of location is important and perhaps the most difficult of decision, as the club members are usually scattered over a large district. It is essential that the situation be in a good neighborhood and convenient to a good central car line.

The size of the club will depend on the size of the association to be accommodated and the available funds, as well as the number of nurses to be housed, if any. Most of our clubs, up to the present time, have found a moderately large house quite adequate to their needs and requiring little alteration. Few associations could afford to buy at the outset; probably none could build, but several clubs have been success-

fully launched in rented houses, looking forward to the day when they would have a building of their own.

Rules and regulations must, of course, be made to fit prevailing conditions, but if the nurses are imbued with the right club spirit, a few rules for general guidance should meet the requirements. Too many limitations and too strict surveillance will rob the club of one of its greatest attractions—the sense of liberty—and by reducing it to a place of business only, defeat one of its chief objects—that of uniting the interests of the nurses. On the other hand, the responsibility of the conduct of the club rests on the shoulders of its superintendent and it is only fair that she should carry the authority of her position. To her judgment should be left the settlement of any unusual situation that might arise, and to her should be deferred all questions, until such time as the board of directors should provide a rule to govern like situations.

The question of eligibility ought to be definitely settled at the outset. Where there is a Graduate Nurses' Association all club members should first be members of that association. In any case, only graduates of recognized training schools, in good standing, should be admitted to its privileges.

The usefulness of the club has been so adequately demonstrated in the communities where it has been established, that the wonder is so few cities can boast such an institution. If we could be content to start in a very small way, satisfied to grow to the needs of the community, many Associations now hesitating might be encouraged to take the necessary steps towards organization. I look forward to the day when, by means of affiliation, we can found a universal club that, by mutual assistance, will enable small communities to support a nurses' club without outside aid.

President: Is there any discussion on this paper?

Miss Crosby: Madam President, there is just one point I would like to correct. The Toronto Graduate Nurses' Club does not require that guests shall be always graduate nurses. A member may introduce anyone and have her entertained as a guest at the club. So long as the guest is introduced by a member of the club it does not matter whether the guest is a graduate nurse or not.

President: It might be interesting to know how many Nurses' Clubs we have in Canada.

Miss Crosby: So far as I know the Toronto Graduate Nurses' Club is the only one.

President: Ottawa has one.

Miss Crosby: That is a residence. Ours is not a residence, it is a club, pure and simple.

President: In other places how do they arrange for meetings and so on? In some places they have club rooms.

Miss Cotter: We have a nurses' residence and registry. It was formed by a joint stock company of nurses and other individuals taking shares. The Manitoba Graduate Nurses' Association holds its meetings there. Any nurse who is a graduate of good standing is welcome. We have room for between 60 and 70 people.

Miss Dyke: I think the Hamilton nurses could tell us they have a residence and club combined. I know guests are entertained there, because I was entertained there myself.

President: That is similar to Ottawa, they have their residence and club together.

Miss Elizabeth Grant was not present.

NURSES' REGISTRIES

By E. M. Pemberton, Halifax.

For many years, it has been customary in the larger cities for every Hospital Training School to maintain a register of graduates available for private duty, and in some of the London Training Schools it has been made an article of agreement, that each nurse, on the completion of her training, should remain an extra year, to earn for the hospital a just competency for the expense of her apprenticeship. She would then have option to continue on the private staff, with board, lodging, and a higher rate of salary assured to her, and in some cases, a small pension granted after a definite term of service.

But the very limited benefits of these Institution Registries has led to the establishment of independent Registries, conducted on co-operative principles, where the members take their own fees and contribute a percentage on each case toward Registry expenses and to the salary of the Registrar.

Such Registries are generally open to graduates of any recognized Training School, and are often non-residential. The expenses consist of an entrance fee, an annual or monthly subscription. The advantages—an introduction to the doctors, the accurate delivery of telephone messages and mail. Various regulations and stipulations are ordinarily recognized. In some Registries we find work guaranteed for the first six months only, the nurse is then expected to have made her connection, and a popular private nurse is rarely idle in any community.

Such well known Registries as the Canadian Nurses, of Montreal, and the Toronto Central have proved of educative force in raising and maintaining the standard of qualification and with the ever increasing demand for the services of the skilled private nurse, bogus registries conducted by non-professional persons, are now recognized as a serious menace to the welfare of the public.

It is perhaps unnecessary to make but very cursory references to the Residential Registries, conducted with much expense and considerable luxury, whose nurses have many privileges not elsewhere obtain-

able, since these will probably be ably dealt with in the discussion on Nurses' Clubs.

That the prosperity and popularity of any Registry is dependent not entirely on a satisfactory telephone service, and personal efficiency of the Registrar, but also on the business-like habits of the members, is a point we might well remember. And the fact that all Registry regulations invariably provide for fines to members, who forget to notify their change of address or telephone number, or report when they accept a call, is a reproach to our profession, if not a reflection on our training schools.

President: Is there any discussion on this paper on Registries? We should have some discussion from the private nurses who are present on this question. Has anyone anything to say, either about the paper or about the whole subject? If not, we have some business to finish. The first is "The Canadian Nurse" Committee.

Miss Wright: Madam President, as nearly as the committee can ascertain it would not be legal for societies not properly incorporated to float stock. I do not know whether that applies to private stock or not. I know that in Vancouver unincorporated societies, now incorporated, took shares in the club building, but whether that was legal or not I am not prepared to say. The committee recommend, therefore, for the consideration of your organization, that each affiliated society be asked to raise a fund toward the purchase of "The Canadian Nurse," or to become incorporated, which will enable them to buy stock.

President: This special report has been brought in, and I suppose the convener moves the adoption of it.

Seconded by Miss Randal.

President: The question came up in connection with "The Canadian Nurse" of the appointing of a committee to look after this whole question of taking over "The Canadian Nurse" and working out a plan and submitting it to the whole Association later on. How will that committee be appointed and what will be the size?

Miss Gunn: I thought the committee had been left to the executive to appoint and then the question of what their duties would be was to come up for discussion.

President: Then the executive will appoint the committee and act upon these recommendations. That is the way it stands now. Would anyone like to add something else or change it in any way?

Miss Gunn: Could the committee be given power, if those plans did not prove workable, to work out some other plans for taking over "The Canadian Nurse"?

President: They would have to work with this in view and if they did not adopt it say what. They need not stick to this but work with this in view.

Moved by Miss Dyke and seconded by Miss Cotter: That a special committee to deal with The Canadian Nurse question be appointed by the executive and that the recommendation be sent to them to work out workable plans for taking over "The Canadian Nurse," having in view the recommendations of the special committee.

Miss Phillips: I should like to know, is there any idea as to the amount of money that each society would have to contribute? Would it be a tax per capita or voluntary?

President: The recommendation is to leave them free in it.

Miss Wright: During our meeting yesterday the suggestion came to me that stock be floated at $100.00 for each association, asking each association to take out the stock as they could, which they would hold until the Canadian National was in a position to buy it back without interest. They could get no interest except what dividends might be paid in the meantime by "The Canadian Nurse." This plan would just be to help "The Canadian Nurse."

Miss Paul: To whom is the $3,000 to be paid, Madame President, and why should we pay $3,000.00?

President: In answer to the question about the cost to take over "The Canadian Nurse," the sum was put at $3,000.00 as the purchase price of "The Canadian Nurse." The question has been asked, to whom the $3,000.00 will be paid and why there is that purchase price.

Miss Crosby: The Editorial Board of "The Canadian Nurse" owns the journal, as you all understand, and the earning power of the journal last year was $3,720.00. The Editorial Board, of course, has to incur the expenses, the Publishing Company must be settled with, and we feel that we could not settle all our debts for a less sum. But I wonder if this Association understands that "The Canadian Nurse" Editorial Board is also a National body and has repeatedly asked this Association to make the journal its official organ, and there need never have been any question of price. It could have been made a National Journal without any question of price at all if this Association had co-operated with the management of the journal, and made it a National Journal.

Miss Gunn: I would like to ask just how we would go about that, making it a National Journal? Would that mean that we would use it as the official organ of all the nurses' affairs, or if the Journal would be under a board of managers from the Canadian National, or whether the same Editorial Board would own the journal and simply publish the nurses' affairs?

Miss Crosby: I do not understand.

President: That is, if the taking over by the Canadian National means that the Canadian National is responsible for the Journal they control it absolutely, or if the Editorial Board will work out its own plans, or if they work directly under the Canadian National. At the

present time the relationship is merely that the Canadian National contributes news and contributes items of information and so on, that it wishes all members to get, to "The Canadian Nurse." That is the way it is now. Could it be arranged that the Canadian National would be the supreme body over "The Canadian Nurse?"

Miss Crosby: The Editorial Board has always kept before it the idea that when there was a Canadian National Association, that Association should own and control the Journal. Of course, the Canadian National Association is not very old and we have not pushed the matter, but yet we have always kept that ideal in mind, and the Canadian National Association is the body that should control the Journal. That was always the object of the Editorial Board, and as a matter of fact, the Editorial Board are all members of this association, are they not?

President: Yes, but that does not give the corporate control.

Miss Crosby: We are perfectly willing to give over the corporate control, but we have to be given a certain amount to meet our liabilities.

Miss Wright: Madam President, I cannot see why it is going to cost us $3,000.00 one way, and nothing the other. If we take it over one way the Editorial Board still keep control, the Canadian National could not change that Board.

President: Not unless the Editorial Board wish it. You would not work as the Canadian National, you would work through the Editorial Board.

Miss Wright: Then it would not belong to the Canadian National.

Miss Gunn: I do not see where we would be further ahead than we are now.

President: In the replies we read yesterday to Miss Scott's letter, Miss Christie answered the question asked, but no reply was sent from the Editorial Board.

Miss Crosby: We felt that we were turned down. We had kept this before us all along, and our proposal was rejected.

Miss Cotter: It seems to me if the Canadian National wants to own that magazine they should buy it. I think if we bought and paid for the magazine it would be ours.

Miss Crosby: Our price is surely not out of the way, when I tell you that the magazine last year earned $3,700.

Miss Cotter: I did not know anything of the value until that quotation was made and I had no idea what it cost to publish "The Canadian Nurse," but I think that a fair price should be paid and then there will be no doubt in our minds about who owns it.

Miss Randal: I do not think anybody has ever offered a question about the price of the magazine. I think all we want is to get a little information, there was no criticism about how much they were asking.

President: I think Miss Crosby understands that we are not questioning the amount, merely to know what plant we get for that $3,000. You know when you buy a railway there are all kinds of things that go with it, and when we are buying a paper we want to know just what goes with it, whether there is a printing press, for example. Do you see? Is there any other discussion about this? Now, I have the concluding duty which is very pleasurable to perform, and that is to introduce to you the President-Elect, Miss Wright.

Miss Wright: Madam President, and ladies, I want to thank you all for giving me the honor of electing me to this post. I cannot tell you how much I appreciate the effort the nominating committee made in choosing the executive for me. Of course, they chose a number of names, and you have chosen the ones you wish to act. You all know that the President needs your help and wants you to work with her, and I hope that every individual member of the Association will feel that she personally is responsible for the success of our next meeting.

In this case, as you know, I come from British Columbia, my Vice-President is in Halifax, my Second Vice in Quebec, and the Secretary in Toronto, so my year is going to be very hard indeed. So I would ask every member of the Association to make a special effort this year to answer promptly any questions or any papers they get, so the executive will be able to do the best they can by the mails.

Next year we expect to have you all with us in Vancouver, and I am sure you will find we have a very beautiful city, perhaps we think it is just as beautiful as your city, although it is of a different character. We will be very glad to see you in our city when you come next year. Thank you all very much.

The following resolutions were then read by Miss Cotter:

Resolved, that the thanks of the Canadian National Association of Trained Nurses is due for the success of this Convention here, to the past officers, to the Nova Scotia Association, to Miss Kirke and the people of Halifax for our entertainment;

to the Programme Committee, as we cannot get over the fact that our programme has been especially interesting and extremely good;

to the Southam Press, Toronto, I believe we should return thanks. They were kind to us in the matter of dealing with the programmes.

We also would like to extend a resolution of sympathy to Mrs. Fournier, in her illness. We hope she will have a speedy recovery.

To Miss Davis, Dr. Hattie and Dr. Frankel, for their excellent papers; and

to the authorities for the use of this building.

Miss Cotter moved the adoption of the above, seconded by Miss Crosby. Standing vote.

Miss Crosby: Should we not include in that resolution the railway authorities?

Miss Phillips: At the conventions we had in Berlin and Niagara Falls, with the small number we had no reduction. It was only that Miss DesBrisay and I went to see Mr. Webster and told him it was absolutely impossible to guarantee the number, that he consented to make it a fare and one-third. If there were only four more certificates we could get the single fare.

Moved by Miss Crosby, and seconded by Miss Phillips, that we include the railway authorities in that resolution.

Miss Breeze: Madam President, I would like to say that yesterday the Treasurer reported $140 spent for the printing of the report, and there is a very small balance.

President: Miss Breeze, of Vancouver, said she noticed the balance in the Treasury was very small, and our Secretary tells us there are still some bills unpaid. Last year the printing of our annual report cost about $140. I believe it could be printed in "The Canadian Nurse" at a cost which would not be as great as that. We could make it a National number and have the whole report in one number of "The Canadian Nurse." Of course it is to be regretted that we cannot be in the position to have the reports printed. I would like to hear from anyone else what they think about it.

Miss MacKenzie: I think, in fact, there are a great many fees that have not been paid. For instance, no fees have been collected at this meeting, and there are quite a number that I believe are due, and then there are the dues that will come in next year before the annual meeting. That was arranged so as not to have the Treasury get too low.

Miss Gunn: What is the amount in the Treasury?

President: The balance here is $155, but somewhere I remember there was some letter saying there was only $17 in the Treasury. There must be a great many dues.

Miss Dyke: Does the balance of $17 belong to the Superintendents' Society?

Miss Gunn: I would like to tell you that in the Superintendents' Society we have $26.

Miss Crosby: Could not the dues for this coming year be collected right away after this annual meeting?

Miss MacKenzie: There are some of those I believe that have not been paid, and this year's dues are usually collected after this meeting, that is, the dues for the succeeding year. Mrs. Fournier was prevented so suddenly from coming that she has not sent her receipt book.

Miss Crosby: As soon as our Associations are notified they will pay at once.

Miss Kirke: The Nova Scotia Graduate Nurses' Association asked for affiliation, and we were granted affiliation last year. We have never received a bill and we have not paid our affiliation fees.

President: Several have not been paid. It is really too bad the

Association finds itself in this condition. In regard to the printing of the report, why that is your privilege, but you see from the report of your Treasury you have not the money to pay it.

Miss Phillips: Would it not be better to economize?

President: I am afraid I am inclined to be economical.

Miss Gunn: I would like to ask Miss Crosby if she could give us some idea of the expense in printing the report in "The Canadian Nurse."

Miss Crosby: I could not exactly say, Madam President, because I do not know just how much space the report would occupy. Last year the number that we got out for the Graduate Nurses' Association of Ontario only cost the Association $40. The full report was in it, but we did not guarantee that every member of the Association would get a copy, only our subscribers got a copy.

Miss Randal: It seems to me before we make any further expenditure that it would be wise to have the Treasurer's report in from the delinquent members to see where we stand? We do not know who has paid and who has not paid.

Miss Dyke: How can we decide anything on the subject when we don't know what it would cost to publish it in "The Canadian Nurse," what it would cost to publish it separately or what the assets of the Association are?

Miss Crosby: I feel sure that if the matter were left entirely to the management they would do it for us as reasonable as possible, and I do not think it would come up to $100.

President: Will someone move that the executive be given power to act in this matter when they know what the Treasury can stand and if the Treasury can stand that expense they would prefer the report to be printed, and if the difference is worth while it will be printed in "The Canadian Nurse."

Miss Dyke: What are the advantages of having the report printed?

President: I think "The Canadian Nurse" is better, because it goes out to people who do not take any interest, and perhaps may stir up their interest. At the same time we have on record these annual reports and by printing in "The Canadian Nurse" we break the file.

Moved by Miss Randal, that, if the additional expense is not too great it would be better to have the files preserved separately, but if we find it prohibitive, report to be printed in "The Canadian Nurse."

The meeting then adjourned.

Editorial

THE CONVENTION NUMBER.

This report of the fourth annual meeting of the Canadian National Association of Trained Nurses will be read with interest by all who had the privilege of taking part in that interesting convention. The report should be read with even greater interest and attention by those who could not attend, for do not all our nurses wish to keep in close touch with the National, so that each may do her part in the upbuilding of the whole?

The association, though so very young, showed marked signs of a strength and vigor that will enable it not only to maintain the standard set, but to press determinedly forward to higher ideals and greater accomplishments. Even since the convention, the association has taken some great strides, making its influence felt where before its existence was not realized.

We trust this report will call forth some letters and criticisms that will be helpful to all and conducive to the growth of the association. We will be glad to hear from any who have helpful criticisms or suggestions to offer.

The report of the Canadian Society of Superintendents of Training Schools for Nurses will appear in our next number.

THE FLORENCE NIGHTINGALE MEMORIAL.

In our last issue we drew attention to the fact that the Canadian National Association of Trained Nurses was arranging plans for raising its contribution to the fund for establishing the International Memorial to Florence Nightingale, decided upon by the International Congress at Cologne in 1912. Our president, Miss Wright, sends this appeal to the nurses of Canada: "As the International Council of Nurses has planned, as part of its programme of the meeting at San Francisco in 1915, the presentation of the funds for the International Memorial to Florence Nightingale, which is to take the form of a chair of nursing in one of the universities of her own country, the nurses of the world have been asked to help in making this a real memorial that

will be a lasting tribute to the woman to whom we all owe such a deep debt of gratitude. This should appeal to each individual nurse and not be left to the different nursing organizations. The plan I have in mind was suggested by one of our American nurses at a meeting in May, and is one that can easily be carried out by the nurses. It is this: That each individual nurse give one cent a day for one year to this fund.

If each nurse will feel her own personal responsibility in this matter, the nurses of Canada will be able to feel proud of the amount we can take to San Francisco to present to the fund.

We also want the pupil nurses to have an opportunity of contributing to this fund, and we appeal to the superintendents of nurses to suggest ways of doing this to their pupils so that they may share in this very worthy work.

Don't forget this appeal—one cent a day for a year from each nurse in Canada for the Florence Nightingale Memorial Fund.

SOME CRITICISMS.

Some helpful criticisms have already been received. One speaks of the inspiration gained "by contact with congregation of nurses of superior education and world-wide experience."

We quote others: "The programme was almost too good—so many interesting questions and the time too short for discussion." "We should like to hear more of nurses' registers and clubs in Canada." "Army nursing should have had more consideration and opportunity for discussion." "The social service will be of very material assistance to our nurses, and the thoughtful woman must necessarily observe, beyond the possible gains from her profession, how much may she add by her own influence and personality." All these criticisms give food for thought. Will still others not give the profession the benefit of their comments and suggestions?

The Guild of Saint Barnabas

The Montreal Branch held its first meeting of the season on Tuesday evening, September 8th. It had been expected that the late superior, Miss Stikeman, would have been at the meeting, but to the great disappointment of all present, Miss Stikeman left town Tuesday morning, owing to her steamer sailing earlier than was anticipated. Pleasure was expressed at the return, after a long absence, of Miss Shaw, who has undertaken the office of local superior.

The office was said and the chaplain gave the address. After reference to all that Miss Stikeman has done for the Guild since its introduction into Canada and to her interest in it, he spoke of his hopes for its future and of plans which he had outlined on former occasions. The chaplain then went on to speak of the war, which now fills the thoughts of all, and spoke of it as being God's message to the whole world, to the community, and to the individual—a message which they must hear—to bring all nearer to Himself, making them recognize their dependence on Him, and calling them to self-discipline and to sacrifice. Applying the message to ourselves and our own lives, the duty of self-discipline in the matter of the right observance of Sunday, the public worship of Almighty God as a profession of faith in Him, and attention to private prayers, was touched on, and the speaker urged his hearers to do their part at the present time by endeavoring to live closer to God, to do their own work in the very best way that they could, and to pray as often and as earnestly as they could for those who have gone forth to bear the brunt of the strife, for those in authority who are directing operations, for all who are called on to bear suffering, sorrow, poverty, trouble of every kind, on account of the war, and also to ask that the conflict may end in a lasting peace, and that its final result may be to His glory.

Miss Cutforth was then admitted to membership, and received her medal, after which the party adjourned to the Guild room, where tea was served.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

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HUMILITY.

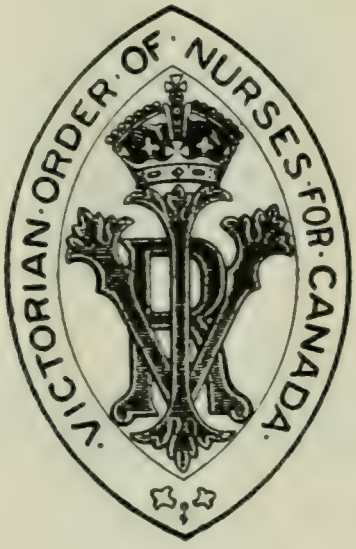
"True humility makes us habitually silent about ourselves, our work, our doings, or endeavors. Even in self-blame pride often lurks, feeding upon any form of attention to itself. Equally silent we shall be in disparagement of others. Quickness to detect fault in another is evidence, not of genius, but of ignorance of self. 'Let each esteem others better than himself,' and take a pleasure in hearing of their praises and their success.

"True humility begets an interest in and fondness for simple, ordinary persons, the uncultivated, and the poor. It loves lowly places and lowly occupations, counting it happier to minister than to be ministered unto. 'When thou art bidden,' said the Master, 'go and sit down in the lowest room.' And He practised what He taught by making the poor His associates and washing His disciples' feet."

—Lest we grow hard.

We are pleased to learn that Miss Moffatt has recovered from her serious illness.

Miss DesBrisay has returned from a visit to British Columbia.



The world is in the throes of war, and to all of us new duties come or the old duties modified, intensified. We cannot all go to the front, but many are the opportunities for service—for fresh service, more thorough and more willing service. For many months there will be anxious ones who have been left at home, there will be many whose outlook is dark because grim unemployment is lurking by their hearths, and in the wake of poverty sickness almost always follows.

It is in conditions like this that the district nurse is of most use. She is the nurse, the comforter, the one who can tell at once how each one may be helped; she can put her finger on the sore spot, and healing will follow. And now, as never before, she must be up and doing—she must find out the sick, the needy and the sorrowing, and help bring back to them health, plenty and peace. Wherever there is a Victorian Order Nurse, she should be of the greatest help in connection with the many plans of relief, for she is already trained in social service work and stands ready to co-operate as an expert with the various relief agencies. She should be able to take the initiative where needed, sometimes she must lead, sometimes follow, but, always, she must be helpful, and so must learn to sink all thought of self and self-glorification, keeping clearly before her the welfare of the people. We feel that our little army of V.O.N. workers will give a good account of themselves in these troubled times, which, however, are only a prelude to an everlasting peace.

HOSPITALS AND NURSES.

British Columbia

A general meeting of the Graduate Nurses' Association of British Columbia, was held on Friday, September 4th, in the lecture room of the Nurses' Home, Vancouver General Hospital. The president, Miss S. P. Wright, of New Westminster, was in the chair, and opened the meeting, introducing Major F. C. McTavish, M.D. Major McTavish spoke briefly of the war, as the subject uppermost in the minds of all, and particularly interesting to many present, as he was addressing nurses, a number of whom had volunteered for active military service. He gave a short outline of a course of lectures along military lines, which he has kindly consented to give the nurses. These lectures will be given every two weeks, and will deal especially with the work of the Army Medical Corps, field ambulance work, field hospitals, etc., and promise to be of great interest to all.

Miss Randal, superintendent of nurses, Vancouver General Hospital, who was the association's delegate to the annual meeting of the Canadian National Association of Trained Nurses, in Halifax in July, gave a most interesting and comprehensive account of the proceedings, which was much appreciated and enjoyed by all.

The president outlined the plans which the Canadian National Association has been following in preparing the lists of volunteer nurses, explaining that this work had been undertaken by the Canadian National under authority received from Lieut.-Col. Jones, Director-General of the Army Medical Corps, Ottawa. Miss Wright said that over three hundred nurses had volunteered in Canada, and that the first lists had been closed.

Miss Colvin, superintendent of nurses, Royal Columbian Hospital, New Westminster, and Miss McGillvary, assistant superintendent, were appointed to fill temporary vacancies on the executive.

At the close of the meeting the nurses were entertained by Miss Randal.

Among those attending from out of the city were: Miss Morrison, Miss Clarke, and Miss O'Keefe, from Victoria; Miss S. P. Wright, Miss Colvin, Miss McGillvary, and Miss Thornbur, of New Westminster; Miss Pringle, superintendent of nurses, Minor Hospital, Seattle.

Nova Scotia

The new General Hospital at Glace Bay, N.S., was opened on August 20th by Mayor Harrington in the presence of a large and representative audience. Addresses were given by Chairman Mayor McLean, of Dominion; Mayor Richardson, of Sydney; Mrs. McPherson, president of the Ladies' Aid Society; Mr. Norman McKenzie, Rev. Mr. Gardiner, Rev. Dr. Gillies, Rev. Mr. McLeod, Rev. J. A. McGlashan, and Mr. Laing. Music was furnished by the Salvation Army band.

Quebec

Miss Wylie and Miss Squire, graduates of the R.V.H., Montreal, who went to Paris in July to take up private nursing there, had to leave almost immediately on account of the war. They were fortunate enough to reach London after some unpleasant experiences. They have offered their services to the Red Cross Society, and if accepted will remain, probably until the end of the war.

Miss Bryce, head nurse R.V.H., Montreal, who went abroad expecting to spend the summer, has returned. She had just reached Paris when the war broke out.

Miss Edmunds, R.V.H., Montreal, who is now in England, has joined the Onslow Trained Nurses' Company, and is to do private work until needed to help the Red Cross detachment at Chelsea.

Miss Olive Ross, of Edmonton, class '09, R.V.H., Montreal, has gone to take charge of a hospital at Grande Prairie, Peace River District.

Miss Guernsey, class '07, R.V.H., Montreal, who has had charge of a hospital in the Southern States for some time, has accepted a position in the Royal Alexandra Hospital, Edmonton.

Miss Clare McLeod, class '13, R.V.H., Montreal, is now night superintendent at the Maternity Hospital.

Ontario

Berlin—The Graduate Nurses' Association of Berlin and Waterloo will resume its regular monthly meetings in September, after the usual adjournment during the summer months.

The programme as arranged for last year's study was closely followed at all the meetings, and the interest manifested by all the members surpassed expectations.

The appeal made by the Canadian National Association for nurses to volunteer for active service in the war, has met with a splendid response from nurses from all parts of our Dominion. Four of our nurses have enlisted—the Misses Potter, Bowman, Reid, and Musselman.

The amount donated by private subscription to the Canadian Hospital Ship Fund by our association members was $55.

Miss Olive Troxel, graduate of the Mack Training School, St. Catharines, and one of our active members, has offered her services to the Foreign Missionary Society, and will leave for Turkey in the late autumn.

The monthly meeting of the Graduate Nurses' Association of Thunder Bay district was held September 3rd at the McKellar Nurses' Home. Mrs. Cook, president, presided. There was a small attendance of members, as several are on their summer vacations.

The Public Health Convention, which was to have been held in the Twin Cities in September, was cancelled owing to the unsettled conditions on account of the war. The graduate nurses had looked forward to this interesting convention, and are sorry it had to be cancelled.

The Better Babies' Contest held in the Twin Cities in August was very interesting, and should prove helpful to the mothers who brought their children for examination. Out of 300 babies, one at 12 months proved a 100 per cent. baby. Several of the graduate nurses assisted the doctors and the ladies who had charge of this undertaking. Nurses in training from the local hospitals also rendered assistance.

Miss Spearing, who has been doing city nursing in Fort William, has gone to Toronto to take a post-graduate in school nursing before taking the position of school nurse in Fort William.

At the American Hospital Association meeting, held in St. Paul in August, Miss Johnson, superintendent of McKellar Hospital, Fort William, and Miss Patterson, superintendent of R. M. and G Hospital, Port Arthur, were among the Canadians present.

Miss Elizabeth R. Green, superintendent of Hospital for Incurables, Toronto, and Miss Potts, superintendent of Hospital for Sick Children, Toronto, passed through the Twin Cities on their way to and from the American Hospital Association's convention.

Miss McDonald spent the summer months at the Whalen Cottage, Loon Lake, near Port Arthur.

Miss Ella Drysdale, graduate of the Toronto Western Hospital, has accompanied her patient, Judge Teetzel, to Vancouver, where they expect to remain until November, when they will proceed south to Los Angeles, Cal.

Graduation exercises of the Nicholls' Hospital, Peterborough, took place in the Conservatory of Music Hall, Monday, June 22nd, 1914, at 8 p.m.

Owing to the illness of the chairman of the board, the chair was taken by Mr. Madill. A most excellent address was given by Rev. R. G. Peever, B.D., followed by the taking of the Florence Nightingale pledge and conferring of diplomas and medals.

Dr. A. Moir gave an excellent address to the graduates and presented the bandaging prize to Miss F. M. Smith.

Refreshments were served at the close.

The graduating nurses are: Misses Frances M. Smith, Agnes P. Davis, Vera Del Burgess, Margaret R. Scott, and Margaret Brotherson. Miss F. M. Smith, valedictory.

Collingwood—Miss Morton and Miss Carr have returned from their two weeks' trip to Chicago.

Five of our nurses have enlisted as army nurses—Misses Mary McCulloch, Jessie Shaw, Ruby Akitt, Frances Collins, and Ella Grusbach.

Our association has been visited by the death of one of its members Mrs. (Dr.) Parker, Pendleton, Oregon (Florence Simons, class '08).

Miss Thora Peterson Heilskov, Washington, D.C., a graduate of Dr. Clod-Hanson's Orthopaedic Institute, Copenhagen, Denmark, also a post-graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-11 Green street, Philadelphia, Pa., has been engaged to take charge of the Hydriatic Department at the Piedmont Sanatorium, Atlanta, Ga.

Ottawa: Miss Russell, our correspondent to The Canadian Nurse, is ill in the Protestant Hospital, but we sincerely hope she will soon be able to resume her duties.

Just at present "War" is the all-important topic, and the burning question is whether or not nurses will be sent from Canada, and how soon!

The nurses of Ottawa are fortunate in having Nursing Sister Macdonald with them at present. She has charge of the organization of the Army Nursing Service of Canada, and all applications must eventually come to her at the headquarters in Ottawa. Miss Macdonald has had a wide experience in Army Nursing, having served through the Boer War, taken a special course in the British Military Hospitals at Millbank, Aldershot, Woolwich, Netley, and the War Office, London; also spending some time in Panama in the U.S.A. Health Department.

A meeting of the executive of the Ottawa Graduate Nurses' Association was held at the Club House, August 26th, for the purpose of co-operating with the Women's Committee of the Red Cross Society of Ottawa. Sister Macdonald was present and gave some valuable suggestions, in the course of which she told how much the soldiers on the field and in the hospital appreciated the comforts sent them by the Society. The nurses have offered to take charge of the Red Cross rooms, that is, one or two members will be on duty throughout the day. This offer was promptly accepted by the Society. The nurses are most enthusiastic over the work and immediately formed a committee of representatives from the different hospitals and associations of the city:

St. Luke's—Miss Maxwell, Mrs. Lorne Gardner;
Lady Stanley Institute—Miss Catton, Miss Snow;
Lady Grey—Miss Argue;
Victorian Order of Nurses—Miss Hall;
Ottawa General—Sister Josepha, Miss Brankin;
Isolation—Miss O'Connor;
Maternity—Miss McColl.

Mrs. J. MacKenzie Skead will be responsible for the outside graduates and those who are not members of the association but anxious to help with the good work.

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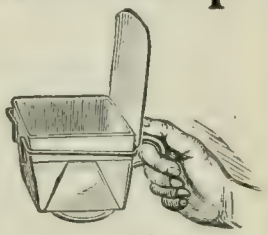

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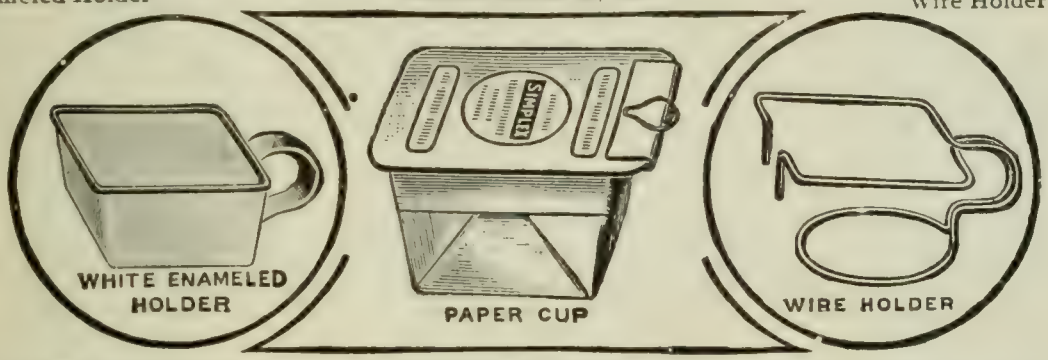

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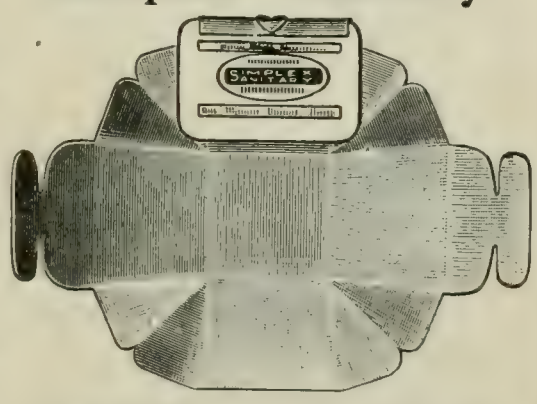

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Winnipeg General Hospital: Miss Annie Hamilton, class '12, has accepted a position on the staff of the hospital at Revelstoke, B.C.

Miss Jesse Ghent, '09, of Regina Hospital, spent part of her vacation in Winnipeg.

Miss J. Rose Hamilton, '07, spent the summer months at the Pacific Coast.

Miss Hilda Corelli, '09, has resigned her position on the staff of the Winnipeg General Hospital.

Miss Annie M. Forrest, '07, has, we regret to say, resigned her position as staff nurse in the operating room W.G.H., a position she has so capably filled for the past four years. Miss Forrest accepted the position of Superintendent of Nurses at Ninette Sanitarium.

Miss E. M. Turner, '08, Superintendent of Nurses, Regina Hospital, was a visitor to the city in August.

Miss Louckes, Superintendent of Kamloops Hospital, spent her vacation in Ontario.

MARRIAGES.

In Toronto, on August 12, 1914, Miss Ida M. Newdick, graduate of General Hospital, Greenwich, Conn., to Mr. Harry C. Sewell. Mr. and Mrs. Sewell will reside at 1381 King street west, Toronto.

In Toronto, on August 25, 1914, Miss Mildred Wilson, graduate of Toronto Western Hospital, to Mr. Roy McAdam, of Montreal.

At Toronto, on August 19, 1914, Miss Jean MacNicoll Campbell, graduate of Kingston General Hospital, class '08, to Mr. Norman Malloch, of Arnprior.

At Vancouver, B.C., on August 11th, Miss Eva Stretton, class '09, R.V.H., Montreal, to George William Sinclair, M.D., of Winnipeg.

At Oxford, N.S., on September 2nd, Miss Viva Thompson, class '13, R.V.H., Montreal, to Edwin Mason, of Ottawa.

Miss Laura Stevens, graduate of the Chatham City Hospital, to Mr. Gastle, of Galt, Ont.

BIRTHS.

At Toronto, on June 11, 1914, to Mr. and Mrs. Trollope, a son. Mrs. Trollope (nee Woodland) is a graduate of Toronto Western Hospital.

At Strathroy, Ont., on August 18th, to Mr. and Mrs. Montague Complin, of Bawlf, Alberta, a daughter. Mrs. Complin (Miss DeCou) is a graduate of the R.V.H., Montreal.

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The fall class at School of Medical Gymnastics and Massage opened September 1st. Dr. Gudrun Friis-Holm has returned and again taken up the leadership of the school, besides the activities as teacher at the different Hospital Training schools as The Roosevelt, The New York, and others. The Post Graduate Course will open in October. It is especially devoted to advanced work in Orthopaedic lines. The Nauheim or Scott movements will be taught, and other methods.

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. X. TORONTO, NOVEMBER, 1914. No. 11

THE CARE OF NURSES.

By E. R. Scovil, Gagetown, N.B.

It is a great pleasure to me to meet for the first time the Canadian Society of Superintendents of Training Schools for Nurses. Being one of the early graduates of the Massachusetts General Hospital Training School for Nurses, Boston, I am among the pioneers of the profession on this side of the Atlantic, and having been, at one time, for some years the Superintendent of the Newport Hospital, Newport, R.I., I am familiar with at least some of the problems which present themselves to the members of this Society. I consider it a great honor to be permitted to address you on this important subject, the care of nurses, and, being a Canadian born and bred, you will know that whatever I say is not the utterance of a critical outsider, but the friendly consideration that an elder sister gives to the affairs of the family.

There are three things which are obviously necessary to the proper organization of a hospital, yes, even to its very existence: The patients, the buildings and the staff.

Without the patients there would be no cause for the hospital, and they are the chief consideration of everyone connected with it. An enormous medical literature is directed to the analysis, classification and treatment of their diseases. The staff exists for their service. The buildings are erected with special reference to their needs.

These buildings are carefully planned with regard to heating, lighting, ventilation and sanitation. A large number of books have been written on hospital construction and able architects have made a special study of the subject. The buildings have not been neglected. We have some in Canada which are second to none. The new Toronto General Hospital, for example, and the Nurses' Residence at the Children's Hospital in the same city, which is one of the most beautiful and convenient I have ever seen.

Now, as to the third hospital necessity, the staff. This may also be divided into three parts:

The trustees, who supervise the lay management of the hospital

affairs, its finances, etc., and who, perhaps, sometimes assume more control over the purely professional side than we think is entirely warranted.

The medical staff, who give much unselfish service and are, in a measure, rewarded by opportunities for observation and practice which are not obtainable by their less fortunate brothers.

Last, as becomes the importance of the subject to us, giving us time to think upon it more at length, come the nurses.

Without efficient nursing service a condition would prevail in all hospitals similar to that which Florence Nightingale found in the military hospitals when she went out to the Crimea.

At one time in the history of Bellevue Hospital the nursing was done by the vagrant women who, when sentenced in the police court to be sent to the Island, instead were detailed to service in the hospital wards and thus served their sentence.

No physician could order stimulant given to a patient, he was obliged to administer it himself, or the nurse absorbed it instead of the patient.

The nursing problem would be comparatively an easy one if we had to consider only the relation of the nurse to the hospital.

Numerous volumes have been written and thousands of hours of lectures have been delivered and lessons taught on the duties of nurses to their hospitals and their patients. There is little left to be said on that side.

We are only gradually awakening to the fact that hospitals have very important and very urgent duties towards their nurses, which in the past have been sadly and shamefully neglected.

Who is to speak for these nurses? They cannot speak for themselves. Who, but we, their Superintendents. We understand the conditions thoroughly, we have trod the whole long and difficult way, have been probationers, pupils, head nurses, graduates, we know by personal experience the hardships of the road and we are they who should be foremost in suggesting means to lighten them.

A very wise observer, Dr. Hurd, of the Johns Hopkins staff, has said that unless the hours on duty of nurses are shortened and better food is served to them, the standard of nurses will continue to lower.

Miss Adelaide Nutting, who is the Director of the course in Nursing and Health in Teachers' College, New York, in connection with Columbia University, in enumerating the causes which make it difficult to attract suitable applicants to training schools says: "First, there is a decided and almost universal objection to the long hours of hard work, especially to the twelve hours of night work." Thus trained observers see that there are abuses to be remedied

Why do pupils enter a training school for nurses? It is that they

may acquire a profession and be thoroughly fitted both by practical and theoretical training for all the duties which it may demand of them.

Does it so fit them? Which comes first in planning the daily round of work and instruction, the needs of the hospital, or the requirements of the nurse?

Is it just to take the hard service, the great expenditure of bodily strength which the care of the sick requires, and give in return to the nurse a preparation which does not fully prepare her for the emergencies she may have to meet after she graduates? There are drawbacks to the most perfect hospital training which are inherent in the very nature of the case and cannot be overcome.

For example, implicit obedience to orders, which is absolutely necessary if discipline is to be maintained, is not conducive to quickness of resource, the ability to meet a condition that may arise in the absence of the doctor and require to be dealt with at once for the benefit of the patient. Apart from this, is the attitude of the hospital towards its pupil nurses that of a teacher, willing and anxious to place all its powers of instruction at their service and to use the material which it possesses in such abundance to further in every way her advancement in the knowledge of her art?

You know Florence Nightingale said: "Nursing is an art, I had almost called it the finest of the fine arts."

I do not think we can truly say that the hospital does this, at least in the great majority of cases. The nurse is used for the benefit of the hospital, as a means of having its sick carefully cared for. The long hours of exhausting work in the wards so overtax her strength that it is difficult for her to study and so master the theoretical part of her profession.

While practical instruction is most necessary and nothing can teach nursing but the actual doing of it, the constant repetition of all the numberless things that must be done for the comfort and welfare of the patient, yet this is not all.

We must delve far below these to the foundations, the reasons why these things are required, else we are only craftsmen and not artists. Such a simple matter as the avoidance of a wrinkle in a draw sheet leads to a consideration of bed sores, questions of tissue changes, anatomy, and physiology. When a nurse comes off duty too tired to think she cannot follow this, or any other point, into text books, or hope to elucidate by study any subject that is not clear to her. When the body is over fatigued the mind is not alert, or at its best. A nurse cannot assimilate a lecture, or profit by a demonstration when her attention is distracted by aching feet, or her nerves quivering from more demands upon her than she has been able to meet.

Teaching.

The quality of the instruction given has improved immensely during late years. Many admirable text books have been written for the use of classes. Lecturers take their duties more seriously than in the early days of training schools, and some of the courses given are most useful for the purpose of information and instruction.

The three months' course of preliminary training given by a few hospitals to pupils before they enter the wards is a departure of great benefit to the pupil nurse. Before being called upon to do anything for a patient she is taught by a competent instructor exactly how it should be done and receives an elementary training in anatomy, physiology and materia medica. She thus enters the wards with a certain amount of confidence which enables her to make the best use of her opportunities for observation and to begin her work intelligently, without waste of time.

Every ward should be in charge of a graduate nurse. No undergraduate should be entrusted with the teaching of pupil nurses.

The Superintendent should arrange a plan of teaching for each ward, such and such subjects to be especially emphasized there, and she should satisfy herself that no pupil leaves a ward without understanding them and having mastered them.

You will perceive that this would prevent a nurse from being hastily moved from ward to ward, according to the exigencies of hospital emergencies.

If a hospital is a school for nurses it should conform to the needs of the pupils, they should not be exploited to serve the requirements of the hospital.

The Payment of Nurses.

This brings us to the consideration of a question which is already a pressing one, and that will be increasingly so until it is settled the payment of nurses.

If a nurse receives any form of money compensation from a hospital for her services therein, she is bound to render them to the fullest extent demanded. She gives them at a much lower rate than she would receive for them elsewhere because in addition to the money paid her she has certain instruction, formal and incidental, which she accepts as part of her compensaton. Her education in her profession is not the chief end in view, as it is in a medical school.

The hospital is bound to provide for the care of its sick, it is for this purpose that it exists. This service it attains from its pupil nurses for a comparatively small sum. It is, therefore, under the deepest obligation to supplement this inadequate compensation by the most thor-

ough education in the art of nursing which the pupils come there to acquire. Does it do so?

Would it not be better for the training school to say frankly to the hospital: "We need the education in nursing we can only acquire by the personal care of the sick who are in your charge.

"We do not wish to be paid while we are learning to nurse. We will freely give the service which your patients cannot do without.

"We require that you maintain a sufficiently large staff to prevent us from being overworked. That you have ward maids in sufficient numbers to relieve us from the housework, which, after it is once mastered, is not a necessary part of a nurse's daily training.

"That you give us enough time for the classes, lectures and demonstrations by means of which we must be properly grounded in the theoretical part of our profession."

The ordinary hospital board would probably say at once, "Impossible, we could not afford it." Take the case of a hospital with 40 nurses, to whom is paid $10 a month cash, $4,800 a year. If they give their services gratuitously, this sum would provide maintenance for a larger staff, more ward maids, paid lecturers and a better classroom equipment.

Would the greater number of hospital trustees expend the money saved in this way?

Would they not probably enlarge the buildings and take in more patients?

Before this step is taken by any training school it should be distinctly understood that the money saved is to be expended for the benefit of the pupils and not added to the income of the hospital.

Personally I do not think that nurses should ever be obliged to pay for their training, as is advocated by some enthusiasts.

A nurse during her hospital life performs many hundred acts of service for the benefit of her patients which when once learned are not necessary for the perfecting of her own technique. When she has made six poultices she has mastered the composition of a poultice, she may make 60 during her training by the order of the physician, and this extra service should be accepted by the hospital as full compensation for the knowledge she has obtained.

The parallel between the nurse in training and the college student is not a just one, because the latter renders no personal service for the education received.

Food.

Efficiency is the ideal of the nurse. In connection with labor one hears of nothing but the conservation of energy, the co-ordination of

effort, that every movement may yield the maximum of result with the minimum of expenditure of power.

Is the hospital obtaining from its nurses the best that they can give, and if not, why not? I have no hesitation in saying that one very potent reason is because it does not feed them properly.

No engine can do its work well without proper and sufficient food, adapted to its needs. The human machine is no exception to this rule.

I have in mind one hospital where the nurses are obliged to supplement the fare provided for them by purchasing biscuits, chocolate, etc., to be eaten in their rooms. The food is unappetizing, badly cooked and badly served.

In another, pork frequently appears on the table during the summer months, when it is surely out of place as an article of food.

No one expects luxurious diet in a hospital, but the meals provided for the nurses should be palatable, abundant and nourishing. There should be no just ground for complaint, either as to cooking or serving.

It is not easy to eat when one is tired; the appetite flags. Nurses are usually tired and food should be presented to them in such a form as to be tempting and not disgusting. At once we hear the objection from those in control of the finances: "We cannot afford the expense of better fare."

Is it necessarily more expensive? One concrete example is worth a hundred vague statements.

The University of Valparaiso, Indiana, gives a student an abundant, well cooked and well served dinner for 10 cents, a supper of the same order for 4 cents, and breakfast for the same sum. Out of the profits the authorities have built up a university which has an annual revenue of $200.000, and has been in existence about 35 years.

In the dining hall at Yale a plate of buttered toast costs 10 cents, at Valparaiso a comfortable dinner is provided for that amount. Everything is as good as it would be in a well managed private household.

What is the secret of the difference?

Brains, applied to the problem. Careful buying, good management and the elimination of waste.

A competent person should be in charge of the kitchen of every hospital, not necessarily as cook, but as overseer and manager. She would save her salary many times over. Waste is one of the principal factors in increasing hospital expenditure.

The bill of fare for the nurses should receive as much attention as that of the private patients. While luxuries are unnecessary, food values should be carefully studied and it should be seen that efficiency is kept at the highest standard by means of sufficient and suitable nourishment. It is useless to purchase the best provisions the market affords if they are spoiled in the cooking and serving. If food that

should be hot is half cold when it reaches the nurses, they cannot eat it with relish. A little money expended in modern appliances for keeping it hot would double its value.

Night nurses should have a digestible and appetizing midnight meal, and time to eat it, outside the wards. Their breakfast should be substantial, as many sleep little during the day and require food to sustain them.

This whole question of feeding the nurse is one that should be readjusted by the light of modern ideas.

Bricks cannot be made without straw, and nerves and muscles exhausted by responsibility and hard work can be recuperated in no other way than by an ample supply of nourishing food.

If you carry nothing else away from this Convention of Superintendents take with you the determination to fight the battle of your nurses for ample, satisfying and attractive meals.

Rest.

Next to food as a means of preserving the health of the nurse is rest.

The pupils who come to us are usually young, they cannot endure a prolonged strain without injury. Rest is necessary to keep them in the highest state of efficiency.

When I began my hospital training we worked for 14 hours every other day, from a quarter to seven in the morning to a quarter of nine at night, with a short interval for dinner and tea. The alternative days we got off duty about two o'clock. The nurse who was left in the ward had to do all the work with very little assistance from the head nurse.

It may not be possible to establish the 8-hour system in hospitals. If the nursing staff were increased, as it should be, nurses could have shorter hours of duty in the wards and more time for study outside them.

It is the habit to advise nurses to walk in the fresh air during their hour off duty. A far more sensible plan is for them to spend the time sitting, or lying in a hammock in summer and lying down near an open window, warmly wrapped up, in winter. Their duties in the wards give them sufficient exercise and in their hours of rest they should keep off their feet.

The time may come when hospital wards will be built with some regard to the needs of the nurses as well as of the patients. Economy of effort would be promoted by the use of square wards instead of the long corridor-like rooms when the farthest beds are a long distance from the bath room and service room. This distance has to be

traversed many times a day to wait on the patients, with great unnecessary expenditure of strength.

It is a fixed principle in the arrangement of a ward that everything connected with the care of a patient must be kept out of sight, usually as far from the bed as possible. Whatever appliance is required must be brought from a distance to the bedside and hurried away again as if its presence there were a disgrace.

These unnecessary exertions would not be tolerated by the director of an efficiency squad. He makes every movement tell and not one useless one is permitted.

Why should not small articles be kept in the lockers close at hand? Why should not screens, when not in immediate use, stand folded against the wall nearby? Bed rests and bed tables slide into grooves at the head of the bed instead of being carried away and brought back each time?

The conservative head nurse cries out aghast because these devices for the easement of the nurse would interfere with the uniformity of the ward. They need not necessarily do so, they may even add to it. And if they destroyed it, which is the more important, uniformity or increased efficiency? Regularity in the appearance of the ward or more time and strength to devote to the care of the patient?

We are too much the slaves of convention. Let us think for ourselves and not be afraid to step outside the grooves of habit if by so doing we can accomplish results that are worth while.

Night Nurses.

There is no part of the nursing service that requires more thought and care on the part of the Superintendent than the night duty.

Some nursing authorities think that this work should only be performed by graduate nurses. It is an enormous responsibility for a pupil even when there is a night Superintendent, which, of course, is not the case in the smaller hospitals.

The nurse on night duty leads an unnatural life. There is a certain strain on the nerves, even under the most favorable conditions. When to this is added the sense of responsibility, the meeting of emergencies, the possibility of accidents occurring for which she is not directly responsible, and yet for which she must bear the blame, as in the case of a patient escaping from the ward, she is kept in a state of perpetual tension.

There are hospitals where a nurse is kept on night duty for six months at a time. This is worse than wicked, it is stupid—a stupid lowering of the whole tone of the nurse, which should be carefully conserved as the best asset of the hospital—and stupidity is the one sin that this age of efficiency cannot forgive in a Superintendent.

One month at a time, except under very exceptional circumstances, when it may be prolonged for a week or two, should be the limit of the term of night duty.

Many nurses cannot sleep well during the day, want of sleep lowers the vitality and overtaxes the nerves. The victom of insufficient sleep is so weary that it is hard for her to get through the early morning work and sometimes most difficult to keep awake during those hours on duty when sleep is a crime.

The Superintendent should insist that the night nurse's quarters be in the quietest part of the nurse's home and that no day nurse is allowed to share her room and disturb her.

She should know whether her night nurses sleep or not. There are simple means to induce it which she can recommend them to try if they do not sleep. Such as an ice bag at the back of the neck and a hot water bag at the feet, a glass of hot milk immediately before getting into bed, a few biscuits, or a sandwich, or a slice of meadow butter, to be eaten about ten o'clock, if sleep does not come, a warm bath on coming off duty. A night nurse who sleeps badly during the day is on the way to become a nervous wreck.

Many nurses feel very much the isolation of night duty and this is an added reason why it should be made as short as possible that they may not lose touch with the various activities and opportunities of the daily routine in the wards.

In what condition is a nurse who has just come off six months' night duty to undertake the day duty in a hard ward? This lengthened night duty is an economic waste, a relic of less scientific methods, and should be relegated to the dark ages where it belongs. It is the bounden duty of the hospital to see that the pupils who come to it for training in their profession do not suffer in health during their sojourn there. It is a place of healing, where the promotion of health is the first business of everyone connected with it, and where the best hygienic conditions should prevail.

It is the height of absurdity to make well people sick to make sick people well. Yet this is what a hospital does when it overworks and underfeeds its nurses.

Is it not high time that we Superintendents who stand between the hospital authorities on one side and our nurses on the other—rise and demand better working conditions for them, in order, if for no other lesser reason, that they may give the best that is in them to the patients whom they serve?

Discipline.

One of the most difficult problems that confronts the Superintendent of Nurses is the matter of discipline. It is hard to draw the line between liberty and license.

The pupils who come to us are not children, they are young women, accustomed to order their own lives and decide questions of right and wrong for themselves. It is not easy for them to submit to arbitrary regulations, often about subjects which seem to them of little importance one way or another.

There are certain points which must be enforced—punctuality, neatness, thoroughness, are cardinal virtues in hospital work. It is part of the nurse's training to weave them as far as may be into the very character itself. Honesty and truthfulness are pre-requisites in a nurse. If these are lacking there is no foundation to build upon, no technical instruction can supply their place, or make a reliable nurse without them. These, of course, are truisms, hardly worth mentioning because everyone knows them. It is in the border land outside that a Superintendent's troubles begin.

Why not follow the example of many colleges and large schools and place the discipline, or rather its enforcement, in the hands of the nurses themselves?

Nurses as a body are as jealous of the honor and reputation of their training school, as students are of that of their college. Many little restrictions which are very irritating when imposed from without, become bearable and reasonable when they are the result of internal discussion and decision.

The Superintendent, while very careful not to interfere in the workings of the council, remains the final court of appeal.

It is possible, too, that the common sense of the whole body of nurses may be wiser than her individual judgment.

When a nurse graduates she is obliged to become the arbiter of her own actions, why not give her practice beforehand in the training school?

Would there be as many infringements of professional etiquette after graduation if a nurse were called upon more often during her training to consider and decide what is and what is not conduct becoming to one of that high calling?

Out Duty for Nurses.

There is one point on which Superintendents should be especially firm in defence of their pupil nurses. They should not permit them to be sent to private cases, outside the hospital, during their training.

The stock argument in its favor is that they are thus better fitted for private duty after they graduate. If they could be under constant supervision during this time, as they are in the wards, this might be so, but, as we all know, exactly the opposite is the truth. The average employer hesitates to report back to the hospital the faults and mis-

takes of the nurse, unless they are very glaring ones, and so they are unknown and uncorrected.

In this day of widening opportunities for nurses, many of them after graduation go at once into institution work, or do other outside duty, and do not take up private nursing, so that the plea of preparing them for it, even if it were a good one, loses its value.

The injustice to the pupil in training is great. She loses lessons and lectures, beside the indirect teaching, which she can never regain.

It is an injustice to the nurses remaining in the hospital, lessening the number, probably already too scanty, available for the care of the sick in its charge. It interferes with the regular routine of duty, which should be sacredly observed for the benefit of the nurse, and adds greatly to the Superintendent's cares and perplexities.

The hospital receives a certain monetary return, but nurses are not in the school to add to the income of the hospital, and when there is a question as to the advantage to one or the other, the nurses should have the benefit of the doubt. In this case their interests are the first to be considered. Let justice be done if the heavens fall!

The Superintendent's Influence.

In one of the interviews that I had the great honor of having with Florence Nightingale, she picked up a little book on the care of children that had been sent her, which was lying beside her on the bed and said: "I'm so glad that this book has not a skeleton in front." Afterwards, in speaking of a certain training school, she said: "The Superintendent is just a book with a skeleton in front. She has no sympathy with her nurses. The last one was a mother to them."

Do we fully realize the enormous and far-reaching influence that our personality has over our nurses? I was much struck by a statement made by the director of the course in nursing at Teachers' College, Columbia University, in a conversation that we had a few weeks ago. We were speaking of the frigid, not to say disagreeable attitude, which some head nurses seem to consider the proper one towards the assistant nurses in their wards. Miss Nutting said that this spirit could always be traced directly back to the school in which the head nurse had been trained. If she had been treated kindly and considerately, she behaved in the same way to her nurses. If she had been the victim of rude reprimands, discourteous innuendoes, or withering, sarcastic remarks when she had made a mistake, or failed in some detail of duty, she passed it on with interest to those under her command.

The tone of our schools depends upon us. Gentleness and courtesy towards our pupils are no bar to the insistence on the strictest performance of duty. It is rather a great incentive to its performance.

I remember a not particularly impressible young woman, inclined

to be indifferent, who, having been rather severely reproved for some neglect, was found weeping over the sink where she was polishing a basin.

"Why, what is the matter, Miss Smith?" said her fellow pupil, "I saw you coming from the office, have you been scolded?"

"Oh, yes," said the weeper, "I shouldn't mind that, but, she was so kind I couldn't stand it."

More flies are caught with honey than with vinegar.

If we can first of all obtain the respect of our nurses by our own uprightness and impartiality, for nothing appeals to the average person like perfect fairness, we can secure their regard. It is so easy by the exercise of the courtesy which a gentlewoman should show to everyone with whom she comes in contact, and by a real interest and sympathy in their problems to win the affection of our nurses. They are ready to give it to us if we will have it. Without it we cannot lead them towards those high ideals which it is our privilege to present to them.

The Bible says, "Where there is no vision the people perish." A modern writer has said, "Ideals are realities. They are not a creation of the human brain, they are not conceptions we have imagined, they are realities we have discovered."

What would our great profession be but mere drudgery without its high ideals of service, of self-sacrifice, of unselfish devotion to the good of others?

Somewhere perfection exists. We shall not reach it in this world, but we can struggle towards it, gaining strength in the pursuit.

Love is the fulfilling of the law. It floods its bare facts with life as the brown mudflats of the tidal waves are filled by the inrush of the shining water when the tide comes in. It is love and the faith that is born of love that can move mountains. It is this that we can teach our nurses, by example, by suggestion, by the spoken word, as occasion offers.

It is this knowledge that will make them faithful nurses in small things as in great, that will urge them to high endeavor when duty points to some difficult task, that will enable them to accomplish it.

My sister Superintendents, this is our opportunity. Shall we not rise to it?

THE NURSES' ASSOCIATION OF CHINA.

Fifth Annual Conference, Shanghai, 1914.

The Nurses' Association of China Conference opened on Tuesday, June 30th, with the President Miss Gage, of Changsha, in the chair. The outside temperature was hot, but was as nothing compared with the warmth of enthusiasm and comradeship manifest amongst the dele-

gates in the conference room. Nurses came from eight Provinces, and twenty-two different hospitals, both Government and Mission, were represented, but chiefly by American and British nurses, only one Chinese nurse being present. The language used was English, but ere long it is confidently expected that Chinese nurses will be able to be present at these annual conferences in large numbers, when the language used may be their own tongue.

The Conference was opened by a short devotional service conducted by Dean Walker, of the Shanghai English Cathedral. In a very helpful address he besought the members of the nursing profession never to sever the vital connection between professional ability and religious devotion. All nurses and doctors, whether professed Christians or not, were doing God's work, consciously or unconsciously, because "Gifts of healing" came from Him. If they were Christians their work was the higher work because they could minister to the soul as well as the body. "Never say, 'Man has a soul,' say 'Man is a soul and has a body.'"

The remainder of the session was given up to hearing papers on social service work and kindred subjects. A paper was read by Mrs. Matheson, Secretary of the Women's Home, on Rescue work amongst foreign women in Shanghai, and this was followed by a talk from Miss Henderson, who is in charge of the Children's Refuge in the same port. She told a touching tale of the plight of small slave girls, ill-treated little daughters-in-law, and numbers of children rescued from houses of ill-fame in Shanghai and other places. So often when they arrive at the Refuge their condition is pitiful; underfed and poorly clad, suffering from wounds and bruises and broken limbs, the results of cruelty, most of them mentally numbed, and dull at first even to appreciating kindness. But with infinite patience and much love they are gradually taught, not only ordinary school subjects, but also household duties and laundry work, mat and shoemaking, etc. Only one servant is kept in the Institution, the girls doing all the work. Just now the Refuge is full to overflowing, there is not "breathing space" for another child! The work depends on voluntary contributions for its support.

Miss Gordon, of the American Church Mission Hospital, Shanghai, then gave a paper on the Social Service work done by nurses in America, and told of the tremendous advance of hospital extension work during the last four years. The fields of work are endless, and the variety of people helped multitudinous. About 1,400 cities in the States now have Nursing Social Service in force.

On the morning of 1st July, reports from the officers of the Association were presented. The work of the past year has been that of getting better organized, and the members more closely cemented together than has been possible before. The keen President and the

energetic Secretary have "gone on going on," and the Association is steadily increasing in membership, force and usefulness. The past year has seen the printing and circulating of the "Uniform Curriculum and Regulations for Examinations" for candidates for the N.A.C. diplomas in General Nursing and in Midwifery. This union scheme is but paving the way for a National Examination and Diploma, which it is expected may emanate from the Government ere many years are past.

Three papers were given, and discussion took place on: "Home Leave; How Best to Utilize it—In England, in America, and in Europe," when helpful suggestions were made by members who had already been on furlough, and taken advantage of the post-graduate courses, and other facilities for "rubbing up" knowledge, and getting up-to-date. These papers were read by Mrs. Burnip (England), Miss Ogden (America), and Miss Hoolande (Germany).

Miss Tomlinson (late Superintendent of the Nurses at Harlem Hospital, New York) gave a talk on "Difficulties in Modern Training Schools at Home," in which she dealt mainly with the problem of lack of suitable candidates and gave some probable reasons for the shortage, and some possible aids to the solution of the problem.

Miss Simpson, of the Methodist Episcopal Mission Hospital, Foochow, gave a paper on the training of Chinese pupil nurses. She contrasted the old days and the present-day training methods in the home lands, and pointed out that we must let our pupils here profit by the lessons we have learned during the years. Let the duties which unskilled hands can do, be done by ward maids; give her good sleeping quarters and the best of food; give her time to study, and do not expect her to pick up her theoretical knowledge at odd moments; turn her out at the end of her graduation time, bounding in life and health. "Until customs in China change, her nurses can only be half nurses, for she must care for both sexes before she can be a complete nurse. The care of the sick has been looked upon as work only fit for coolies," but the status of a nurse is gradually being raised, "and as long as sickness is looked upon in so many places as devil-possession, nursing cannot take the place it does in Christian lands." "Chinese women have not the constitution of their Western sisters. After centuries of being kept indoors with little bound feet, one or two generations will not make them strong." "They must be in the future, the teachers of the women of China." "We want them to help clean out these insanitary streets, deal with contagious diseases, and get such a number in the field that the law makers of China shall be compelled to listen, and to help make this land a sanitary land."

Miss Withers (A.B.F.M.S.), of Swatow, wrote a paper on "The Chinese Graduate Nurse" and her opportunities. "China for the most part does not know that she needs trained nurses, but that is to-day,

and not to-morrow! The graduate nurse's opportunity in China is endless. They must be trained to take the foreigners' positions as Superintendents and also as Head Nurses. At present the majority of the Chinese people are too poor to use nurses in their private houses, save in a few isolated instances. But her great field lies in dispensary work and settlement work. She can be sent out into the villages and towns from the main hospitals, and work perhaps in connection with women's clubs or schools. She can teach the care of the sick, the dressing of simple wounds, the care of the eyes and teeth, care of children and newly-born infants, besides daily dispensary duties. As a visiting nurse she will be invaluable, and as she goes about can teach cleanliness and domestic hygiene. And if the nurses are trained how to lead people to Christ, a sum in multiplication is started in work for Christ which cannot be estimated."

These papers were followed by a half-hour questionaire, when much useful and practical information was given and ideas and plans interchanged. One of the chief pleasurable profits gained by the delegates to the Conference has been the interchange of ideas and plans, whether in the more public meetings and over tea cups, or in friendly discussion in the tram cars and along the roads. On all hands is heard: "How do you do this?" "What do you do under such and such a circumstance?" "What conveniences have you for so and so?" Problems which never confront a Matron or Superintendent at home have to be dealt with out here. The fumigation of bedding without a bakehouse, the disposal of refuse where there is no sewage system, the supply of sterile water, when the only water available is that from a muddy river! These and many other subjects have been discussed up and down: but the main subject has been, "How can we raise the status of the Chinese nurse, develop our standard of training and improve our teaching methods?"

The morning session on 2nd July opened with a paper on "Midwifery Training for Chinese Nurses," read by Miss Hope Bell, of the London Mission Hospital, Hankow. Midwifery training inland is only possible at present at hospitals which have been long established, and where the nurses are well enough known to be called out to normal cases. And only hospitals in large cities have a sufficiently large practice to be able to take pupil midwives. In country stations, in too many places, there is no foreign nurse, and the doctor in charge is only called out to abnormal cases, and those, too, generally "in extremis" after native women have done their best, and their worst. In England, lying-in patients come into the hospital for 10 to 14 days, but in China if a woman can be persuaded to leave her home for the event, she must remain in hospital for a month, as her friends will not allow her to cross the threshold of her house for one month after the birth of her

baby. The extra time in the ward, although it keeps out a fresh patient, yet is utilized in teaching her how to feed and bathe her baby, and how to generally care for it and deal with its minor ailments. And above all, it gives longer opportunity for her to learn the story of Jesus and His love.

Miss Loader, of Foochow, gave a paper on "The Duties of a Matron in China." "Our home hospitals are usually well staffed with sisters and nurses, who all have some share in the education of probationers, and where assistants are available to help with the administrative work, and with the laundry and storeroom departments. But in China it is quite different. One foreign trained nurse is all the hospital can boast, except in a very few isolated instances. Thus it comes about that the whole of the teaching and practical training, plus the oversight of the departments and employes, has to be done with one pair of eyes and hands!"

A paper followed by Miss Hood (Soochow), on "The Difficulties" which meet Matrons out here.

The Conference this year has been by far the best the Nurses' Association of China has ever had. It was more representative and more enthusiastic and it will be more far-reaching in its results than any previous gathering. The Association is still in its childhood; we will not say infancy, but we look forward with steadfast hope to the day when we shall be affiliated with the International Council of Nurses, and when China will have fully trained and devoted nurses from end to end of her great Republic. To-morrow's strength will be very largely the heritage of to-day's patient striving.

E. H B.

Perhaps the best paper of the Conference, and anyway the most helpful for the Nurses' Association of China as a whole, was one by Miss E. Chung (late of Guy's Hospital, London), and now Matron of the Government Hospital, Tientsin. "How Can the Nurses' Association Help China?" was the subject, and Miss Chung, after a graceful appreciation of efforts made, gave us many useful suggestions for enlarging our coasts and raising the standard of nursing and thus being "the means of helping China to a body of trained Chinese women to minister to the sick, the Association will have supplied one of China's sorest needs."

Various suggestions were made such as "every trained nurse already in China being joined to the Association——each Province having its own branch." "Aiming at each year to send a suitable girl to England or America for full training." In China we fear for some years yet the training must be one-sided, for male nurses are essential

in most of the men's hospitals; Chinese girls have not as yet taken up that side of nursing. Another point Miss Chung emphasized, and which most of us were grateful to her for doing so was: "We must keep up our ideals and standard of nursing, not lowering it, and not excusing ourselves by saying the Chinese do not appreciate it and will not like this or that. If they do not, we must educate them to appreciate the best." "It is no good trying to help China unless we try to improve the standard of living. We must remember it is not because they are Chinese that their standards are low, but because they have not seen better things. Then let us show them the better things." "I beg each member—you who are giving your services so generously—to do it with the spirit of true helpfulness, to treat the Chinese as human beings, to raise the standard of nursing, to raise the people to enjoy this standard; forget race differences, for are we not all Christians, brothers and sisters in Christ, whether Negroes, Chinese, Americans or English? If God makes no distinction, who are we that we should make any? At the last Judgment God says 'Saints triumphant shall stand before Me gathered in from every race.'

"Let us, then, take pains not to lower the standard of the nursing profession. Indeed, I feel that the Association can be the means of raising it. And my one desire for us all is that our Association may be the means of really helping China, and helping her in the right way, for we can supply one of her greatest needs."

The members of the Nurses' Association of China are all fully trained nurses, whether Chinese, English, American or any other nationality, working in China. The officers for the ensuing twelve months represent three nationalities, Chinese, American and English. Thus, with their united efforts, they hope to bring the training schools for nurses in China to a high level; and by experience gained, hope to avoid many weak points that have hampered the profession in its onward course in other lands.

A. CLARK.

Corresponding Secretary, N.A.C.

Owing to the unsettled condition of the country, the Executive Committee of the Canadian Hospital Association has decided to postpone indefinitely the Annual Meeting, which was to have been held on October 20th, 21st and 22nd.

W. J. DOBBIE, Secretary.

Editorial

THE CARE OF NURSES.

Miss Scovil's paper on this subject, which was given at the meeting of the Canadian Society of Superintendents of Training Schools for Nurses at Halifax, and which appears in this issue, is the best exposition of this subject it has been our privilege to read. The truths so clearly set forth in this paper should be read and pondered by all who have the care of nurses. If this knowledge is assimilated, pupil nurses will long bless Miss Scovil for speaking so strongly and ably in their behalf.

If greater attention was paid to the care of nurses in all our hospitals, there would be less outcry about the scarcity of nurses. Young women can fit themselves to enter other lines of activity without fearing a breakdown from overwork, and this we find them doing, rather than entering the nursing profession, which they have learned calls for a very strenuous three years of training.

Better conditions will mean more and better nurses. Let us hope that Miss Scovil's arguments will fall on good ground and bear abundant fruit for the benefit of the pupil nurses.

THE NURSES' ASSOCIATION OF CHINA

Our nurses will read with interest the report of the Conference of the Nurses' Association of China. We much appreciate the kindness of the Secretary in forwarding us this report. It is interesting to note that the nurses in China are arranging for a general uniform curriculum and examinations that will place the profession on a splendid footing. A Registration broad and national like this is so much to be preferred to Registration in sections, as it were.

We wish the Nurses' Association of China every success in its splendid work, and predict great things for the profession that is having its foundation so well and broadly laid by this association.

THE CANADIAN WOMAN'S ANNUAL

This new book, which is to appear this month, should be of great interest to every nurse in Canada, who wishes to keep informed of the different activities carried on by women.

This is the first time that information of this sort has been made available, and every woman worker owes a debt of gratitude to the indefatigable editors, who have collected such a fund of information and arranged it in convenient form for reference. Further reference is made to this in "The Nurses' Library."

THE DEATH OF ISABEL McISAAC

The news of the death of this well-known and much-beloved nurse, on September 21st, comes to us as a great shock. Miss McIsaac had been a prominent worker in the profession for a number of years, having held several of the highest positions in the gift of the profession in the United States, and was, at the time of her death, Superintendent of the Army Nurse Corps.

Miss McIsaac has also contributed largely to the literature of the profession. Among her works are a number of good, practical text books, which will bear witness to her thoroughness and good common sense to the pupil nurses of the future.

A great woman, a wonderful nurse, whose high ideals and far-seeing vision did so much to put the profession on its present footing in her country! Her work may be carried on by another, but her place can never quite be filled.

To our sister nurses in the United States who are thus sorely bereaved we extend our most sincere sympathy.

FANNY WILDE McEVOY

The different associations and individual nurses who have generously helped towards the support of this aged nurse, are asked to continue their generosity. Miss Charlotte A. Aikens, 722 Sheridan Ave., Detroit, who has charge of this fund, gives us this information:

"Mrs. McEvoy is still with us and needing our help. For some time before and after her husband died, she seemed so frail that it seemed unlikely she would live the year out. However, when the strain of his illness and death was past, and the warm weather came, her health improved—she has seemed unusually well this summer.

"She was a guest at a reception which was given the Spanish-American War nurses at their meeting in Detroit in September. It was a great day for her, and the nurses were so delighted to meet her. She was as excited as a child over the event. By way of entertaining the assembled company she recited, in splendid fashion, a bit of poetry which was written by one of her patients away back in 1861, in appreciation of the work of The Nightingales, as the first probationers were

called. She had the original copy of the verses with her—yellow with age.

"I do not know how we would have gotten along with the problem of providing for her care had it not been for the very liberal response which the Canadian nurses have made every year. I know that the war brings many new problems to Canadians, but I am hoping that the Canadian nurses will be able to continue their support.

"I want to thank them most heartily for all they have done for her."

We know that our nurses will not forget the old duties because new ones are many, and that Mrs. McEvoy will receive the usual liberal assistance.

NO NURSES' EXHIBIT

Helen P. Criswell, chairman of the committee in charge of the Nurses' Exhibit at the Panama International Exposition, directs attention to the fact that, owing to the great demands made upon nurses on account of the war, the International Council of Nurses has decided that it is best to discontinue all plans for the Nurses' Exhibit at the Exposition.

This does not mean that the Congress will not go on. Plans are well advanced for the Congress, which opens on May 31st, 1915. This should be of great interest, for nurses will have learned many things in this terrible time of strife and trouble. New needs will have loomed up. Nurses are resourceful—the necessities of their profession make this an essential—and will at once set about adjusting their plans of work to meet the new needs.

The nurses of California are planning great things. Let us see to it that we do our part in making these great things possible.

THE ANNUAL MEETING IN VANCOUVER

The next annual meeting of the Canadian National Association of Trained Nurses will be held in Vancouver, B.C., on May 26th and 27th, 1915. These dates have been arranged to permit the delegates to go on to San Francisco in time for the International Congress.

Our nurses will all be anxious to do their part in making the Vancouver meeting memorable, as well as to share in the benefits of the International Congress. All will be glad to know the dates, so as to be able to get plans in order early.

The Canadian Society of Superintendents of Training Schools for Nurses holds its next annual meeting in Vancouver on May 24th and 25th, 1915

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. D. L. Owens, 10 Trinity Square.
Superior—Mrs. Goldwin Howland, 538 Spadina Ave.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday 8.15 p.m.
Chaplain—The Very Rev. the dean of Quebec.
Superior—Mrs. Williams, The Close

To be happy, hopeful, buoyant, kind, loving from the depths of my heart; considerate and thoughtful regarding the peculiarities and eccentricities of human nature; adjusting myself to each so as to produce harmony and not friction; to be pure in thought, word and deed; broad-minded and liberal, not given to petty denunciation of my fellows, moderate in methods of life; never adding a burden or sorrow where a little forethought would give pleasure, not hasty in speech or action; sincere, candid, truthful in every detail; conscientious in the execution of every duty; composed, unpretentious and simple, keeping close to Nature's heart and always relying upon Him I most earnestly strive to serve: keeping ever before me that exemplary Life as my rule of conduct toward men, thus creating an influence for good. This is my idea of making "Life Worth Living."—Louise M. J. Waddell.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession street, Mountain, Hamilton: Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital: Recording Secretary, Miss I. F. Pringle, 310 Brunswick avenue, Toronto: Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick avenue, Toronto: Treasurer, Miss Julia F. Stewart, 12 Selby street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto: Mrs. W. E. Struthers, 558 Bathurst street, Toronto: Miss M. Ewing, 295 Sherbourne street, Toronto: Miss Jean C. Wardell, R.N., 290½ Dundas street, Toronto: Miss Jessie M. Robson, 45 Dundonald street, Toronto: Mrs. Clutterbuck, 148 Grace street, Toronto: Miss J. G. McNeill, 52 Alexander street, Toronto: Miss C. E. De Vellin, Alexandra Apartments, University avenue, Toronto: Miss O'Connor, St. Michael's Hospital, Toronto: Miss E. J. Jamieson, 23 Woodlawn avenue east, Toronto: Miss E. M. Norris, 82 Isabella street, Toronto: Miss Kinder, Hospital for Sick Children, Toronto: Mrs. George Nichol, Cataraqui: Miss Allen, 3 Classic avenue, Toronto: Miss Agnes Boyd, 59 Avenue road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing.

At the annual meeting, which was held on September 17th, the By-Laws and Constitution were revised and each Chapter and Alumnae will be notified of the changes made. Considering the very busy time of the year, the meetings were well attended. We were glad to welcome delegates from Peterboro, Fort William, Kingston, and Collingwood. Delegates from the other Chapters were unable to attend owing to the unusual activities occasioned by the war.

"The Canadian Nurse" will contain a report of the meetings. Every member, if not already a subscriber, should become one so as to secure the report.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.
Vice-Presidents—Mrs. Petrie and Miss Dunlop.
Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.
Registrar—Mrs. Burch, 175 Mansfield St.
Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The Nineteenth Annual Meeting of the Canadian Nurses' Association was held on Tuesday afternoon, October 6th, at 3.30. Owing to the absence of the President, Miss Phillips, Miss Colley presided.

The Rev. Arthur French, of St. John the Evangelist, opened the meeting, and his address was most inspiring and helpful.

The reports of Secretary and Registrar showed something of a decrease in the work during the year, owing to the facts that we had fewer members, the stringency of the stock market in the early part of the year, and the war.

The number of members was 244; number of registrations 1,225, 362 less than our last record, while the cases attended to number 1,189, 187 less than last year.

Two of our members have gone to the front with the Canadian Contingent, and a number are very disappointed that they were not equally fortunate. Three have married, three have returned to their homes in England, two very valued members have gone West, and two we have lost by death. Miss Keech, one of the most popular graduates of the Western General, died as the result of an automobile accident on September 21st. Our sympathy was extended to her relatives, and three members of the committee attended the funeral.

The news of Miss Hayes' death, which occurred in Toronto on Sunday last, has just reached us. She was not well in the early summer, and went to stay with a sister, thinking the change would do her good. We have had no particulars of her illness yet.

The election of officers resulted as follows: President, Miss Phillips, by acclamation; 1st vice-president, Miss Colley; 2nd vice-president, Miss Dunlop; secretary-treasurer, Miss DesBrisay. Committee: Misses Wright, McBeath, Hill, I. Stewart, F. M. Thomson, Welch, Smardon, Wilkinson, Fraser, Lucy White, G. Wilson, and Douglas.

Following in the wake of the session of the Convention of the Homemakers' Clubs of Saskatchewan, which was devoted to the consideration of the momentous question of how to secure trained nurses for the people in the more or less isolated parts of the country, came many invitations to Miss MacKenzie to visit different parts of the province so as to look over the field, meet the people, and explain the working of the scheme. It was arranged to visit many places between September and December.

Early in the summer, the ever-energetic and enterprising president of the Grand Heights Homemakers' Club, Mrs. Ellis, arranged for a triumphal motor tour of the districts of as many clubs as possible. Consequently, on the morning of September 2nd, the horn tooted, and away we went. We stopped for a chat at Nolin, and on to dinner with Mrs. Knowles, who made us welcome, though we arrived unannounced. Immediately after, we left for a meeting in the Glen Rose School House, where we crowded in before the Dominie had had time to pack away his things. There we had a very interesting discussion after the address, and the opinion was practically unanimous that a nurse is needed in that section, and that the V.O.N. scheme promises to be the most workable one. Then tea was served, Mrs. Jellison doing the honors at the tea table. All too soon we had to get away, as the shadows began to lengthen.

That evening and night we were the guests of Mrs. Finlayson, who gave us a most hearty welcome and entertained us right royally. Refreshed, we started next morning and reached Mrs. Ellesworth's in time for dinner and a nice little chat before we were under way again for Mrs. Shepherd's, where the Hyde Park Homemakers and their friends assembled to discuss the nurse proposition.

The room was well filled with a most interested audience, and not one doubtful word was heard as to the success of such a scheme. Over the teacups the discussion was kept up, and all seemed loath to tear themselves away. But it had to be, because the Clarksdale Club was meeting in the evening, under the leadership of Mrs. Gordon.

We met in the school house, and several men attended. There was

meetings. A nurse would be a great boon to that part, and it is to be hoped she will soon be a reality.

The night and next morning were pleasantly spent at Mrs Gordon's hospitable home, and in the afternoon we repaired to Mrs. Jackson's to meet the Glen Bush Homemakers. The meeting was small, as there had been some misunderstanding as to dates, but the few were interested, and a pleasant hour was spent.

After supper we went to Rabbit Lake, expecting a meeting, but a change of secretary and a not-too-perfect post office system combined to cut out that meeting—so back through the beautiful evening colors we went to Mrs. Jackson's home, where we were entertained.

In the morning a long ride awaited us, so we started early for Heatherly, where we were entertained most hospitably by another loyal Homemaker, and then we repaired to the school house for our meeting. We had a splendid turnout, and a number of men attended. It was a pity, that owing to its being threshing time so few men could get to the meetings, as we feel they should know about the scheme and would be a great help in carrying it out. There was a a great deal of good helpful discussion, and the Grand Heights Club put itself on record as favoring the scheme, and promised an annual subscription towards the support of a nurse, should a branch be organized. All the clubs visited had pledged themselves to the same.

We were very much honored by being entertained at supper by the Bachelor Homesteaders, and after the meal we had to acknowledge that they certainly did get along well without womenfolk.

Then away again, so as to reach Highworth before darkness came upon us. At Highworth, Mrs. Ellis made us welcome, and entertained us over Sunday.

It had been planned that the grand finale should take place at Mrs. Finlayson's on Monday afternoon, and a large mass meeting, with representatives from all the clubs for miles around, had been arranged for, when a definite working plan should be decided upon, but it was decreed otherwise—the weather tried out all the tricks it had ever learned, and, as the boys would say, "then some."

The tour was a success, the meetings were so well attended, the interest so real, that we must feel that much good will come of it. The trip itself was a great pleasure, through the country with its ripened grain, over the hills, and down into the valleys with the herds feeding peacefully, while at times the coyotes ran along beside the car, with their cushion-footed tread, casting furtive glances at us as they went. The "pert" little gophers sat up and blinked and frisked their tails, and seemed to say, "Touch me if you dare." Many birds from time to time darted before us, and as the soft shades of evening fell we could not but feel the calm peace and beauty of the country, and we would find ourselves humming:

"God's in His heaven,
All's right with the world."

HOSPITALS AND NURSES.

British Columbia

The first of a series of lectures by Major F. C. McTavish, M.D., on the work of the Army Medical Corps and Military Nursing, was given on September 18th, in the Nurses' Residence of Vancouver General Hospital. The lecture was most interesting and was well attended. A lecture will be given every two weeks and all nurses are invited to attend.

Miss Burpee and Miss Amy Howard, who volunteered some time ago for active service, left Vancouver on September 18th, to report at Quebec for duty. Miss Burpee, formerly of Woodstock, N.B., has had a wide experience in nursing, and Miss Howard gained her experience in the Old Country. Both nurses are members of the Vancouver Graduate Nurses' Association, and the Association gave them a hearty send-off.

The new General Hospital at Summerland was opened on September 17, 1914. This hospital, which is modern and well equipped, is superintended by Miss Aitchison.

Manitoba

Winnipeg General Hospital: Miss Alfreeda Attrill ('09) was one of the few nurses chosen from the West for Red Cross work at the front. She left in September for Quebec, expecting to sail with the expeditionary forces from Canada. Before leaving Winnipeg Miss Attrill was presented with a traveling case by her friends, many of whom were at the station to bid her goodbye.

Miss C. DeNully Fraser ('06), who has been spending the past summer in England, has been accepted as a naval nurse. Miss Fraser has a brother with the British fleet in the North Sea.

Miss Chisolm ('14) is on the staff of the Dauphin Hospital.

Sincere sympathy is extended to Miss Lily Kidd ('07), on the recent death of her father.

Miss M. MacRae and Miss B. McKinnon (class '11) were visitors to the city in September. They expect to return to the coast, where they will engage in private nursing.

Mrs. Kennedy (Grace Tilhuly, '11) spent September at her home in Selkirk, Man.

Mrs. T. P. Bawden (Minnie Irving, '07), of Moose Jaw, was a visitor to the city in October. Mrs. Howard Scott entertained the class of '07 in honor of Mrs. Bawden.

ONTARIO

The Victoria Hospital Alumnae Association, London, have resumed their fall and winter meetings, the first one being held on Tuesday evening, October 6th. There was a fair attendance. The evening was devoted to a discussion of the Constitution and By-Laws of the Association, and the arrangement for the program for the coming meetings, which promises to be interesting and instructive.

It was decided, out of the funds in hand, to present to the tuberculosis ward an invalid wheel chair. Refreshments were served at the close.

The regular monthly meeting of the Kingston Nurses' Alumnae was held at the Nurses' Residence, on Tuesday, October 6th, the President, Mrs. Nicol, in the chair. There were fifteen members present. We were glad to welcome an old member, Mrs. Makepeace (nee Ballantyne, class '99), who is at present taking post-graduate work at Kingston General Hospital.

Miss Milton, our delegate to the annual convention at Toronto, read a very interesting paper on her visit there.

After much discussion it was decided to form a chapter of The Graduate Nurses' Association of Ontario, which will hold alternate meetings with our Alumnae. The following officers were chosen: Chairman, Miss Milton; vice-chairman, Miss Baillie; secretary-treasurer, Miss Hiscock; assistant secretary-treasurer, Miss Fairlie. At the close of the meeting Miss Boskill, Superintendent of Nurses, very kindly invited the members to her rooms for afternoon tea, which was greatly enjoyed.

Mrs. Shibley (nee Winters, K.G.H.) is convalescing in Kingston General Hospital, after a serious operation.

The following nurses, graduates of the Kingston General Hospital, were accepted as volunteers for military service: Misses Willoughby, Hinchey, MacAllister, Mercer, Arnold, F. MacCallum. They left Kingston on September 26th, many of their friends being at the station to bid them "Bon Voyage." The Kingston Alumnae gave each of the volunteers a small gift of confectionery.

The Annual Retreat was held at St. Michael's Hospital, Toronto, during September, conducted by the Rev. Dr. Kehoe, of St. Augustine's Seminary. The usual cordial invitation was extended to the graduates. A great number attended.

Miss Edna Blaney entertained, at the tea hour on September 4th, all the graduates of St. Michael's Hospital from the year 1910 back. A goodly number availed themselves of this unique invitation and spent a most enjoyable time.

Hamilton: Miss Barbara Simpson, who resigned as Assistant Superintendent of Nurses, H.C.H., has accepted the position of Matron

of Margret Cox Distributing Home for Girls, Peterborough.

Miss Sampson has gone to England as one of the military nurses for the Canadian Contingent.

Mrs. King is taking a post-graduate course in Mount Sinai Hospital, New York.

Miss Milne has returned to the city to do private nursing.

Miss Elma G. Gunter entered upon her new duties as Night Supervisor in Children's Hospital, Winnipeg.

Miss Edna L. Gunter, of Winnipeg, late of Morris, Man., has resumed work after seven months' rest. She was a patient in Winnipeg General Hospital for six weeks with typhoid and pneumonia.

The regular monthly meeting of the Graduate Nurses' Association of Thunder Bay District was held October 2nd, at the R. M. & G. Nurses' Home. In the absence of the President, Miss Patterson, first Vice-President, took charge of the meeting. A well attended meeting was brought to a pleasant close with refreshments and a social half-hour.

The new surgical wing of St. Joseph's Hospital, Port Arthur, is rapidly nearing completion.

Miss Spearing will resume her duties as School Nurse, in Fort William the first week of October, after having taken a month's post-graduate in school nursing in Toronto.

Miss E. Brody, of "Hearts Delight" Farm, Chazy, N.Y., who is a graduate of the Toronto Western Hospital, has spent the past month with Toronto friends.

The Toronto Western Hospital Alumnae Association held the first meeting of the season on October 2nd, at the Nurses' Residence, 24 Rosebery Ave. Mrs. Valentine, president, having resigned, the first vice-president, Miss Anderson, was in the chair. There was quite an accumulation of business requiring attention, after which Miss Davis, Delegate of the Association to The Canadian National Association of Trained Nurses at Halifax, gave a very interesting report of the Convention, and also the Convention of the Society of Superintendents, held at the same place. The attendance was large and at the close all joined heartily in the social part of the programme.

Nursing Sisters Florence Hunter and Beatrice Blewitt, reported for active service at Quebec, September 23rd, and sailed for Aldershot, England, on September 24th.

A very interesting affair took place at The Toronto Graduate Nurses' Club, Sherbourne St., on September 29th, in honor of Mrs. Dafoe (nee Morrison), who, until a week before her marriage, was one of the Public Health Nurses. Thirty-two nurses sat down to a dainty supper and partook of the many good things provided by the Club. All joined in wishing the bride every happiness in her new home.

The regular meeting of the Riverdale Hospital Alumnae Association was held at the hospital on October 8th As this was the opening meeting of the season, there was a large attendance. Miss Mathieson gave a most interesting account of her trip to Halifax and of the excellent papers read at the Convention. Refreshments were served at the close.

Lady Stanley Institute: Miss Hamilton, for some time assistant superintendent at the Protestant General Hospital, resigned her position October 1st. She will be greatly missed in every department of the hospital's work, and our best wishes go with her into the new life she will shortly enter.

Miss McDonald, a pupil nurse, is acting assistant at present.

Ottawa General Hospital: The first meeting for this season of the alumnae was held October 2nd, when a most interesting paper on "School Nursing" was given by Mrs. McGee, a graduate of the Ottawa General Hospital.

Sister Joseph is away on her holidays.

Sister St. Afra has been transferred to the Champlain Valley Hospital, Plattsburg.

Miss Hope Brunnell, class '14, is leaving shortly for New York, where she will take a post-graduate course at the Polyclinic Hospital.

Of the 105 nurses who left for the front with the first contingent, the following were from Ottawa: Misses Margaret Smith, Lydia Smith, Jean Stronach, Jean Bell, Gertrude Halpenny, Goodeve, Princeps, Georgie McCullough, Lambkin, and M. M. Mills. Four other Ottawa nurses are relieving at the Military Hospital, Quebec—Misses Brankin, Turcotte, Kinnear and O'Reilly.

Quebec

The Graduate Nurses' Association of the Eastern Townships has volunteered to give a series of talks on "First Aid" to the Girl Guides of Sherbrooke. The first talk, which was recently given by Miss Orford, at the High School, was listened to with attention by the newly-formed organization of young girls.

Miss Elizabeth J. Nicol, of Aberdeen, Scotland, a graduate of the Brownlow Hill General Hospital, Liverpool, England, has recently come to Sherbrooke to take up private nursing.

The new Sherbrooke Hospital, which was opened by the Duke of Connaught on June 18th, will be formally dedicated on Thursday, October 8.

Miss Munroe, for some years assistant in the operating room, R.V.H., Montreal, has resigned her position and was married on September 23rd, to Mr. Simpson, of Montreal. They sailed from New York on the 26th, as Mr. Simpson joins a regiment in his native coun-

try, Scotland, for active service in the war. The head nurses presented Miss Munroe before leaving with a silver cream jug and sugar bowl.

Seven nurses from the R.V.H., Montreal, have gone with the Canadian Contingent to the seat of war. Misses Clint, Ida Smith, Denmark, Dussault, Jessie Robertson, Winter, Mabee. We follow them with all good wishes and know that we will always be proud of them as our representatives at the front, and that wherever they are all the help and comfort in their power will be given to the wounded and suffering. Many nurses and other friends were at the station on the night of the 24th to wish them "God-speed." Mrs. Burns (Miss Wills, class of '96) has also gone from Toronto.

New Brunswick

The New Brunswick Graduate Nurses' Association resumed its regular meetings in October, after the usual summer vacation.

A number of our nurses have volunteered their services for the war.

Miss Marvin, who resigned her position as operating-room nurse in the St. John General Public Hospital, has been succeeded by Miss Maud Gaskin.

Six of the St. John nurses have recently left the ranks to assume other responsibilities. While they will be greatly missed from among the active workers, we extend our congratulations and wish them much happiness in their new spheres.

Yukon

A commodious, up-to-date operating room has been added to the Good Samaritan Hospital, Dawson, which now has every modern facility for caring for the injured.

There are four graduates from Ontario hospitals on the staff—Miss I. M. Burkholder and Miss Wallace, Toronto General Hospital; Miss Allen, G. & M. Hospital, Collingwood; Miss Watt, St. Luke's Hospital, Ottawa.

Miss I. J. Beam, graduate of Toronto General Hospital, has recently returned to Toronto, after having spent five years in the Good Samaritan Hospital.

The Canadian Women's Hospital Fund reached the handsome sum of $250,000. They started out to raise $100,000. This was accepted in the following terms: "This generous gift has been accepted by the Admiralty with deep gratitude. The new hospital will be supplementary to the Royal Naval Hospital at Haslar, and will be known as the Canadian Women's Hospital."

UNITED STATES

Miss Margaret J. Barr, Topeka, Kan., graduate of St. Luke's Hosp., Kansas City, Mo., also a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green St., Philadelphia, Pa., in the Swedish System of Massage, Medical and Corrective Gymnastics, Electro- and Hydro-Therapy, has been engaged to teach Massage to the nurses in training at Christ's Hospital, Topeka, Kansas.

Miss Roberta Dunlap, R.N., a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green St., Philadelphia, Pa., in the Swedish System of Massage, Medical and Corrective Gymnastics, Electro- and Hydro-Therapy, and afterwards an instructor in Massage and Hydro-Therapy at same institution, has been engaged to teach Hydro-Therapy to the nurses in training at the Robert R. Long Hospital, Indianapolis, Ind., and Massage to the nurses in training at the Methodist Hospital, and also at the Joseph Eastman Hospital, Indianapolis, Ind.

Miss Elfrieda M. Werner, Camden, N.J., a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green St., Philadelphia, Pa., in the Swedish System of Massage, Medical and Corrective Gymnastics, Electro- and Hydro-Therapy, has been engaged to take charge of the mechanical department at a private hospital conducted by F. L. Ruddy, Watertown, N.Y.

ARMY SANITATION

It was with pleasure we noted that every precaution was being taken to safeguard the health of the Canadian contingent. Sir William Osler, who has the happy faculty of saying the right thing at the right time, in his fine epigrammatic way tells us that "bacilli kill more soldiers than bullets."

With the view of securing as much safety against disease and infection, arrangements were made whereby Dr. Nasmith, from the Toronto Health Department, goes abroad with the troops. In the Russo-Japanese war, the success of the Japanese army was in a very large measure due to the care given to every sanitary detail

Experts went in advance of the army and tested the water supply, marking what was good and what was bad. The moment a case of typhoid appeared the sufferer was at once removed entirely away from the army, so that infection could be spread.

That Dr. Nasmith will do excellent service there need be no fear. It is the cruelty of war to lose men by shot and shell; but it is a shame to lose them by infection. Homer was right when he sang in the Iliad:

> A wise physician, skilled, our wounds to heal,
> Is more than armies to the public weal.

—The Canadian Lancet.

FACTORY WELFARE WORK

An invitation to attend Miss Ida Bauslaugh on a tour of inspection of the city factories was not to be disregarded. So we went.

It may not be generally known just how much is being done for the girls in factories and other places of business in Winnipeg. There is much to be desired yet. Winnipeg is in its infancy as a manufacturing city. In the province outside of Winnipeg there are few manufacturing firms employing girls. If we can get things started right, it will mean a great deal to girls in the manufacturing houses that will open up in the future.

The first visit we made was to the Government telephone stations. This does not come under Miss Bauslaugh's jurisdiction, but she had the privilege of going through the buildings to examine the provisions made for the telephone girls

A rest room is provided for the girls. In the newer stations the furnishing is really luxurious. Rugs cover the floors. There are tables for writing with numbers of easy chairs. A private telephone is given for the use of the girls when off duty, and a couch with a screen is frequently used when a girl finds herself fatigued by an extra strain. A little private room, with a couch, is for use when one is really ill. It is also used at night, when the girls can sleep between duty calls. The cafeteria serves tea all day long free of charge and luncheons at 15 cents may be had in the attractive little dining room. The kitchen and range are at the service of the employes.

At two of the exchanges there are tennis courts, which are especially patronized by the night staff. When they come off duty they prefer a game in the bracing air of the early morning to going home immediately Having had the opportunity of sleeping part of the night, they are not too tired for this. In the winter these courts are flooded for skating. Pictures of the sweatered hockey teams adorn the walls of the rest room. Last year the "Long Distance" team were the stars.

In the main office a large room is provided for entertainment. Rallies of various descriptions take place during the winter months. Dances are frequently given by the employes. The adjoining rooms may be used for the "eats." The matrons in charge of the exchanges are on duty all day.

These conditions are, as you will see, almost ideal. They are not all as enviable as these, but they might be if employers could see the value in it. To give up valuable space for the personal comfort of the employes is not always recognized as an asset. It is only the progressive employer who sees that it gives in efficiency all that is lost in storing space.

In visiting a factory, the points that strike me are not always the

ones that are most prominent to the casual observer. Frequently places are reported to me as 'awful,' which, from my standpoint, though not ideal, are not as pernicious as were thought. What I look at are the conditions that surround the girl herself. Are they healthful? Are they such that any girl can remain under and retain her self-respect? A factory is not a drawing room. What the employes want is fresh air, plenty of room, and some place to eat their luncheons apart from the place they work in. When we have secured this for all the factories in Winnipeg we have gone a long way towards ideal conditions."

The next place we visited was a large candy and biscuit factory in the centre of the city. We saw all the places where girls are working. They wear white aprons and caps, and look bright and happy. The air is well circulated. Large cloak rooms are provided for them, and a lunch room, with two long deal tables scrubbed to a snowy whiteness. A shelf in the corner holds their plates and saucers, with the cups hung neatly underneath. A pile of magazines on a little table suggests an agreeable way in which to spend the extra time at lunch hour.

The manager, in speaking of these arrangements, admitted that the space used for the cloak rooms and lunch room was valuable for storage purposes. He also said that it was frequently not appreciated, but it was in the way of advancement. There is no basement dipping in this factory. The dipping rooms are all well lighted and ventilated and occupy one of the upper flats.

A new bag factory was inspected. Immense windows on all sides make fresh air and sunshine free for all. Water fountains are installed on every flat. "It does away with the waste of time in going after a drink," our guide explained, but apart from that, it eliminates the old drinking cup and adds fresh water to the air and sunshine, as the free inheritance of all. In this factory, one of the most beautiful rooms in the building is set apart for the girls' lunch room. A well equipped kitchenette has a little range, where warm food can be prepared. A closed cupboard provides room for food and dishes.

The room where the sewing machines are to be installed is high and well lighted. As the company owns the property to the side and rear of the building, there is no fear of the light being shut out.

"All this care for the comfort of the employes dignifies their task," said Miss Bauslaugh. "There is no reason why a girl working in a factory should be relegated to a lower social caste than any other girl. The attitude of the employer to those doing the work is largely responsible for the attitude of the public."

This brought us to the question of wage.

"There is no minimum wage in Manitoba," said Miss Bauslaugh. "There should be one. Many of the states have it and have proved it

good. There is always the question of the effect that a minimum wage would have on the prospect of the girl under age. But girls under eighteen should be at school, and if everybody else got better wages, they could do it. No number of rest rooms," said Miss Bauslaugh, "can ever make up to a girl for being underpaid. She is in the factory to earn money, and while other provisions for her comfort are mere humanity, her first right is a good living wage."—*The Winnipeg Tribune.*

MARRIAGES

On September 19, 1914, at Calgary, Miss Marjory Gilmour (class '13, R.V.H., Montreal) to Leighton Conn, Esq., M.D., of Edmonton, Alberta.

At Winnipeg, on June 13, 1914, Mrs R. H. Davies, graduate of Winnipeg General Hospital, class '06, to Mr. Reginald Winfield, of Kamsack, Sask.

At Winnipeg, on July 8, 1914, Miss Mary S. Bell, graduate of Winnipeg General Hospital, class '06, to Dr. E. W. Montgomery.

At Toronto, on July 20, 1914, Miss Nora Gooderidge, graduate of Winnipeg General Hospital, class '13, to Mr. Harold Mussett, of Montreal.

On September 24th, 1914, in Toronto, Miss Maud Roger, graduate of Grace Hospital, Toronto, to Mr. R. L. Benson, of Winnipeg.

At Toronto, on September 23, 1914, Miss M. Alice Shand, graduate of Toronto General Hospital, to Mr. Robert Corrigan, Toronto.

At Toronto, on September 16, 1914, Miss B. L. Morrison, graduate of Nassau Hospital, Mineola, N.Y., to Dr. Allan Roy Dafoe, of Callander, Ont.

At Toronto, on September 2, 1914, Miss Mabel Hunter, graduate of Toronto General Hospital, to Mr. Vivian Ulric Heming.

At Kingston, Ont., on September 23, 1914, Miss Margaret Cochrane, graduate of Kingston General Hospital, class '08, to Rev. Richard E. Jones, Kincardine, Ont.

At Bowmanville, Ont., on August 10, 1914, Miss Jean M. Tod, graduate of Grace Hospital, Toronto, class '13, to Mr. Arthur George Wright, of Hamilton.

On October 17, 1914, at Toronto, Miss Emma McPhayden, graduate of Riverdale Hospital, class '11, to Mr. G. Rose, of Toronto.

THE NURSES' LIBRARY.

Fish and How to Cook It, issued by The Department of the Naval Service, Ottawa, 1914.

This very convenient little volume gives a great deal of valuable information about fish, its composition and food value. Over one hundred recipes for cooking fish are given, in addition to information regarding different kinds of fish.

Copies may be obtained by applying to the Department.

The Canadian Woman's Annual and Social Service Directory for 1915. Edited by Emily P. Weaver, A. E. Weaver, E. C. Weaver, B.A., of Toronto.

William Briggs, Richmond street west, Toronto. Price $1.00 per copy, six copies for $5.00.

The volume contains twenty sections, dealing with Canada— population, government, etc.; Council of Women; Political Status of Women; Women in the Home; Child Welfare; Education; Professions and Employments; Journalism and Literature; Art, Music and Drama; Agriculture and Country Life; Community Work; Health; Recreation; Temperance and Purity; Reformatory and Correctional Agencies, etc.

"The aims of the book are: 1. To suggest the backgrounds of Canadian life--the country, the people, the rulers, the laws. 2. To take stock, so to speak, of our women's societies, our social service agencies and of some of the achievements of individual women who have attained particular success in certain lines of work. 3. To form a directory, with notes on what is being done, and addresses of headquarters, from which those interested in a special line may seek fuller information."

This Annual is the first of its kind and will, without doubt, prove invaluable to all women in all branches of work. Every nurse will need a copy. Club orders of 25 or more receive a discount of 25 per cent.

Florence Nightingale to Her Nurses, a selection from Miss Nightingale's addresses to Probationers and Nurses of the Nightingale School at St. Thomas' Hospital, by Rosalind Nash.

The Macmillan Company of Canada, Limited, Toronto.

This collection of Florence Nightingale's annual letters to the nurses of St. Thomas' Hospital, is most interesting. Letters show so intimately the spirit of the writer. Do you want to catch Florence Nightingale's spirit? Read her letters.

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Case Book for Massage. Published by The Scientific Press, Ltd., 28 Southampton street, Strand, London, W.C., England, is most convenient to keep records of cases in convenient form. Price 6d. net.

Notes on Skin Diseases. By David Walsh, M.D. (Edin.), M.B., C.M., Senior Physician, Western Skin Hospital, London, W., England.

The Scientific Press, Ltd., 28 Southampton street, Strand, London, W.C., England. Price 1/- net.

This is a small handbook of general information on this subject.

BIRTHS

In Montreal, on September 6, 1914, to Mr. and Mrs. George Jenkins, a daughter. Mrs. Jenkins (nee Ferguson) is a graduate of Toronto General Hospital.

At Heathcote, Ontario, on August 21, 1914, to Dr. and Mrs. MacKee, a son. Mrs. MasKee (nee MacDonald) is a graduate of Toronto Western Hospital, class '09.

At Woodstock, Ont., on July 1, 1914, to Mr. and Mrs. Kidman, a son. Mrs. Kidman (nee Knowles) is a graduate of Toronto Western Hospital, class '09.

At Toronto, on September 26, 1914, to Mr. and Mrs. Bennett, a son. Mrs. Bennett (nee Hallet) is a graduate of Riverdale Hospital, Toronto.

At Minnesota, U.S., on September 20, 1914, to Mr. and Mrs. Mitchell, a daughter. Mrs. Mitchell (nee Moore) is a graduate of Riverdale Hospital, Toronto.

At Heathcote, Ont., on Thursday, August 20th, 1914, to Dr. and Mrs. J. F. McKee, a son. Mrs. McKee (nee Alexandria MacDonald) is a graduate of the Toronto Western Hospital, class '09.

On October 5, 1914, at Ottawa, to Mr. and Mrs. Joseph Vaughan, a daughter (still born). Mrs. Vaughan (nee Gunn, class '10) is a graduate of Ottawa General Hospital.

WELFARE WORK IN FACTORY LIFE

By Frances E. Rankin, London, Ont.

"Welfare" has been defined as "anything supplied by employers for the welfare of employees, that they are not compelled by law, or expected by common custom, to provide."

Every field of welfare activity must have its own special conditions and circumstances, which will call for corresponding differences in the methods used in the endeavor to promote the objects that are the reason of Welfare.

Instead of undertaking any general discussion of the subject, I shall confine myself to a brief review of the field, and the efforts to meet the needs found in it, presented by the McClary Manufacturing Company's works in London, Ont., which has been the sphere of my own experience in Welfare work.

McClary employees in London number 1,300 or thereabouts, men and women, and boys and girls of statutory age; many, if not most, of the men being married and having families. This goes to swell the number of those coming within the range of Welfare work. As these men and women are all (with the exception of that small, casual number, coming and going, always found in large concerns) in steady employment and receipt of wages, it will be apparent at once that the ideas of pauperism and charity are excluded from Welfare work, as known here. Still, it must be remembered that many of these could not be described otherwise than as poor, and some of them are very poor.

THE VALUE OF ANTITYPHOID VACCINATION

The following excerpts from a letter by Sir W. B. Leishman, which appeared in *The Canada Lancet*, will be of interest:

"Antityphoid inoculation remains, unfortunately, on a voluntary basis in our army, and it is only possible to secure the benefit of its protection to our troops by persuading the officers and men, first, of the reality of the danger of typhoid fever; and, secondly, of the protective value of the vaccine.

"Needless to say, no efforts are being spared by the Medical Department of the Army to give effect to Lord Kitchener's strongly expressed wish that as many men as possible should be inoculated, with due regard, naturally, to the exigencies of the military situation. Steps have already been taken to impress this upon all concerned with the medical care of the home forces, as had already been done in the case of the expeditionary force.

"Many, however, of the medical officers of the territorial force, as well as the newly-enrolled civil surgeons, are less familiar than Royal Army Medical Corps officers either with the danger of typhoid

in epidemic form, to which the home forces will most certainly be exposed, or with the high protective value of antityphoid inoculation. I have no doubt that these officers, and also members of the profession outside the ranks of the army, will be consulted on the subject by many who are in doubt as to the value or the necessity of the process. In such cases I venture to appeal for the strong support which it will be in their power to give to the efforts we are making to secure the protection of the territorial force.

"The facts relating to inoculation and its results have been widely published in recent years and the pronounced benefits and harmless nature of the procedure are admitted by all who have had experience of it. I may, however, refer to a few points which, although well known to army surgeons, are less familiar to others.

"1. No army in recent wars has escaped typhoid fever, which, in several campaigns, has killed more men than the enemy. In the South African war, for instance, there were 57,684 cases of typhoid, of which 19,454 (33 per cent.) were invalided and 8,022 (13.9 per cent.) died. The deaths from typhoid exceeded the total number of men killed in action.

"2. It would be most rash, in the opinion of those who have studied the question, to assume that the forces serving at home will not be exposed to the dangers of typhoid in epidemic form.

"3. The benefits of inoculation are so well recognized in the regular forces that we find little difficulty, in foreign stations, in securing volunteers for inoculation; for instance, about 93 per cent. of the British garrison of India have been protected by inoculation, and typhoid fever, which used to cost us from 300 to 600 deaths annually, was last year responsible for less than 20 deaths.

"4. Inoculation was made compulsory in the American army in 1911 and has practically abolished the disease; in 1913 there were only 3 cases and no deaths in the entire army of over 90,000 men.

"The organization for the preparation and distribution of the vaccine should be equal to all the demands made upon it. In view of the possibility of such an emergency as has now arisen, arrangements were made some years ago at the R. A.M. College to prepare and maintain a very large reserve of the vaccine, and from this reserve we have been able to issue, since mobilization, more than 170,000 doses for the use of the troops. The Vaccine Department at the R. A. M. College, under Major D. Harvey, will continue, for the present, the preparation of the vaccine, and we are also fortunate in receiving most generous and valuable assistance from the staff of the Lister Institute and from Sir Almroth Wright.

"The ideal of universal protection is, I fear, too much to hope for, but, with the support of the profession, on which I feel sure we may count, we may hope to save many valuable lives and to minimize one of the gravest causes of depletion of the fighting force."

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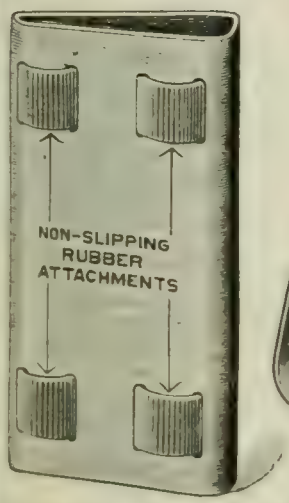

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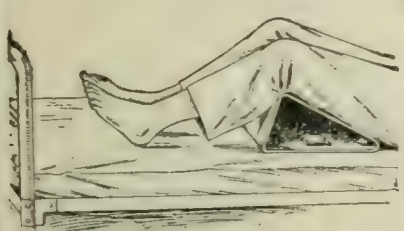

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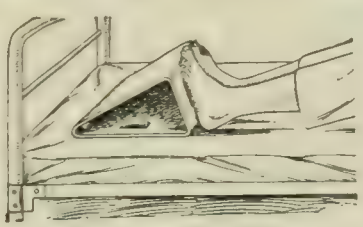

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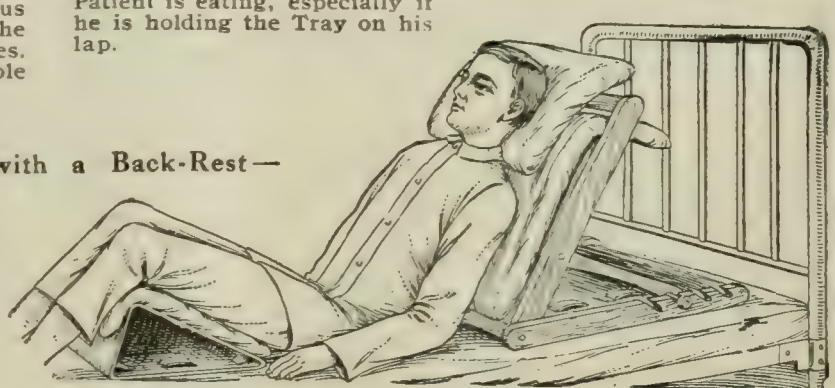

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Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Parke, Morrison, Grant, Code, Nash, Wilson, Didsbury, and M. A. McKenzie.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO

President—Miss Barbara Gilchrist; Vice-President, Miss Agnas McDougall; Secretary-Treasurer—Miss B. MacIntosh.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES

President, Miss Burnett; First Vice President, Miss Laidlaw; Second Vice-President, Miss J. E. Elliott; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Ave.; Treasurer, Miss A. Carscallen, 143 James St., South.

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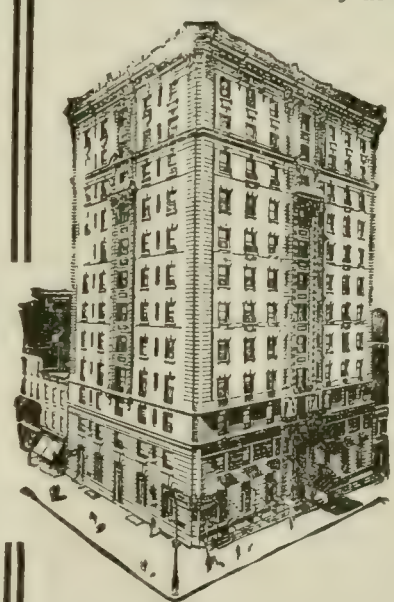

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Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 505 Sherbourne St.; Treasurer, Miss Georgie Henry, 459 Indian Road.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 707 Yonge St

Regular meeting—First Wednesday, 3.30 p.m.

PUBLISHERS' DEPARTMENT

GLYCO-THYMOLINE FOR COLDS

At this season of the year the crop of "colds" becomes very numerous.

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THE TUBERCULOUS INVALID

The pricking of the Friedmann bubble but served to still further confirm and accentuate the vital importance of the well defined methods of treatment for tuberculosis, that have given such encouraging results, i.e., fresh air, sunshine, rest, nutritive reinforcement and judicious medication. A proper combination of these four remedial factors is practically certain to place the incipient tuberculous invalid upon the road to recovery, if the patient is intelligently handled and the treatment persisted in. While it is, of course, acknowledged that the first three non medicinal agents referred to constitute the vital elements of the upbuilding regime, considerable aid is afforded by judicious medication. Hematinic reinforcement should certainly not be neglected, in view of the secondary anemia which is almost always apparent. Among the agents which have produced the best results in the revitalization of the blood, Pepto-Mangan (Gude) is the most generally eligible and acceptable. As it is thoroughly palatable, neutral in reaction, free from irritant properties and devoid of constipating effect, the digestion of the patient is not disturbed, while the appetite and general vital tone improve more rapidly and satisfactorily than when hygienic and nutritive measures are depended upon exclusively.

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Henry A. Dix & Sons Co., Dix Building, New York, have just issued a new catalogue of Nurse Uniforms in which is shown the latest and most correct models.

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THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. X. TORONTO, DECEMBER, 1914. No. 12

Eleventh Annual Meeting of the Graduate Nurses' Association of Ontario

Clinic Room, Toronto General Hospital

September 17th, 1914, 10 o'clock, a.m.

The President, Mrs. Tilley, in the Chair.

The Nurses' Prayer was offered, followed by the Lord's Prayer in concert.

Mrs. W. E. Struthers gave the Address of Welcome.

Madam President and Ladies:

It gives me very great pleasure to extend to you a welcome to Toronto and to this annual meeting. I hope that our annual conference will be a pleasant and profitable one, and that when the delegates leave our fair city they will carry with them that cheerful satisfaction of duty performed in the sunshine and warmth of renewed friendships, and that we all shall feel it was good to be here.

In such gatherings as these we are cheered and heartened by the smiles of old friends, and the touch of our lives is broadened by meeting the new workers, shall I say the young enthusiasts with their fresh ardor, new ideals and great visions? For, I believe we should not neglect the social side of our meetings where we have opportunities for forming congenial friendships that inspire us to greater things and support us in the trials that each one is bound to encounter in life. The memory of these pleasant gatherings will live long after we have returned to our homes and arduous duties.

During the past year you have been faithfully attending meetings, making plans and carrying out ideas for the general good of the nursing profession. In the discharge of your duties new thoughts have come to you, new difficulties have been encountered, and things have presented themselves to you in a new light. We hope that we shall be able to draw from you these new thoughts, these new awakenings, and new conceptions of old ideas. We come together at this time to

plan for greater things, to reach higher ideals, to point the way to high standards of duty.

We have for our consideration the provincial registration of nurses, which should appeal strongly to every member of this Association, and to every member of the nursing profession. This is a big question, and it needs a keen insight, sincere motives and a broad mind to discuss it from all points of view, so that the best results may follow our efforts. We should formulate the fundamental principles to be incorporated in the Act governing registration, and this Association should petition the Provincial Cabinet to have the Act so amended that it will express the opinions of this body. Governments are not easily moved by a simple petition, nor even by logical arguments in support of that petition, but they have a wholesome regard for an active influence that can make itself felt in every section of the Province. Therefore, you must educate your member of the Provincial Legislature by impressing upon him the great importance of the work and aims of our profession, its relation to the general public and its benefit to the sick and needy. These men know not the why nor the wherefore and it is our duty to inform them. We have also the question of home nursing to consider, to plan a workable scheme whereby even the poorest may obtain trained nursing. All should have the opportunity of obtaining that trained service which relieves suffering and gives the best chance for life. We are all ready to do our share for the relief of suffering humanity; the difficulty has been to find a ready solution of how to do it. At no time in the world's history has so much been done for bettering social conditions, and we, as trained nurses, have a large and important share in that humanitarian work. We must all help in the general uplift.

We are meeting at a time of great upheaval in the world. A disastrous war is devastating Europe. Many demands are made on our energies, our time and our finances. We have all endeavored to help in this great crisis. Our fathers and mothers have gone forth to fight our Empire's battles, to defend our hearths, our liberty and our lives. Our Canadian nurses have not been backward in volunteering for war service. It will be given, perhaps, to but a few to share in this work; it may be that many will conclude that they are thus shut out from the greatest service—caring for the sick and wounded defenders of our country. But this is not so. There is nothing greater nor grander than faithfully performing the humbler duties at our doors. It is altogether too probable that during the coming winter sickness and distress will be found on every side of us. We shall find plenty to do. Under the excitement of war conditions the high call of our national duty makes a strong appeal to our pride and spirit, so that such service is considered a privilege rather than a sacrifice. It may be that it takes a higher sense of duty to perform the humbler tasks at home.

We should feel the need of having some way of expressing our goodwill and fellowship, our difficulties and our experiences, when we are separated from each other, and cannot look into animated faces. Let us make our official organ, The Canadian Nurse, speak for us and carry our message far and wide. In passing I would like to pay my tribute of praise to Miss Crosby, the Editor, who has been working under many difficulties and discouragements. We have failed in our duty towards the magazine in not more frequently voicing our opinions in it. This can be done by writing papers, short articles, taking our part in the discussion of new problems or new ideas, telling of our efforts to escape from the beaten path, where our former knowledge failed to give the best results. How many of us have failed to seize the opportunity of presenting to twelve hundred readers our high purposes, our aspirations, our successes, or our difficulties?

When we have finished our business and pleasure here and turned our faces homeward, we shall begin to look forward to the meeting of the National Association in Vancouver next spring. I hope many will be able to go, to present the new ideas that have come to us and to gather the best presented by others. It is the interchange of ideas that produces growth.

The third Congress of the International Association of Trained Nurses was held in Cologne, Germany, in August, f912. The beautiful old town, with its picturesque river and beautiful buildings, more particularly the old cathedral, was a setting worthy of that notable meeting. That historic gathering will live long in the memories of those present. A few miles away lies Kaiserwerth, the Mecca of the trained nurse, for here Florence Nightingale first entered the profession, and many made the pilgrimage to the old professional home of this devoted Lady of the Lamp.

To-day the whole scene is changed in this old city, and nothing but sorrow reigns where everything was so gay and joyous. War now rages where Florence Nightingale learned the first principles of nursing.

America has been assigned the honor of the fourth congress, which will be held in San Francisco in May, 1915. Those in charge of that congress are making great preparations for the meeting. While it may not be possible for many of our overseas friends to attend the congress, nevertheless it is hoped that many of the great women of our profession will be there to give us of their power, their energy and their enthusiasm. The benefit derived by the broadening effect of contact and converse with the leaders of other countries in our profession, as such a congress is bound to produce, will compensate for the sacrifices we may make to enable us to attend. The attendance from Canada should be a representation worthy of our country, and an honorable tribute

to the first congress held in America. Let me express the hope that you will enjoy the present meeting and make history for the nursing profession.

558 Bathurst street, Toronto. LINA L. STRUTHERS, R.N.

The Secretary's report was then presented.

Madam President and Ladies:

The Executive are glad to welcome the members of the Graduate Nurses' Association of Ontario to this Eleventh Annual Meeting.

During the past year your Executive Committee has held nine regular meetings, with an average attendance of ten members.

Since the Executive undertook the scheme of advertising in papers regarding Short Course School of Nursing many letters have been received from young women, asking for information. These were answered and pamphlets sent to about fifty.

In March a mass meeting was called to discuss the formation of a Toronto Chapter of the Graduate Nurses' Association of Ontario, and to consider the problem of Home Nursing. The result was the formation of the Toronto Chapter.

In October, 1913, our President, Miss Crosby, had to resign through illness. Mrs. Tilley, 1st Vice-President, was acting President for balance of the year.

Several of our best workers, who have been with the Executive since organization, have resigned for various causes which we very much regret.

We are sorry to report the death of one member, Miss Norris, who passed away in May, after a long illness.

The proposed program of the Conference of Charities and Corrections, which was to be held the second week in September, contained so many prominent speakers from abroad that the Executive thought it would be best to postpone the Annual Meeting of the Graduate Nurses' Association of Ontario from May till September, in order to give the members an opportunity to hear them. Unfortunately, at the last moment, that Conference was withdrawn on account of the European war, which prevented the oversea speakers from taking part in the program.

The Program Committee also had great difficulty in obtaining speakers from a distance, and had finally to fall back on the kindness of speakers present in Toronto.

While the Executive feel some progress has been made, still not such as we would desire, we would still urge every member to take a keen interest in the Association and feel the necessity of increasing the membership, as there is much work yet to be done.

We have now a paid-up membership of 299. New members received during year, 66.

Respectfully submitted,
JESSIE COOPER,
Recording Secretary pro tem.

Moved by the Secretary, seconded by Miss Ewing, that the Secretary's report be adopted.—(Carried.)

Moved by Miss Crosby, seconded by Mrs. Struthers, that the minutes of last Annual Meeting be accepted as read.—(Carried.)

The Treasurer's report then followed.

TREASURER'S REPORT FOR YEAR ENDING MAY 24th, 1914

Receipts

Balance on hand at beginning of year		$561 00
Fees	$274 00	
Donation H.S.C. Alumnae	10 00	
Donation T.G.H. Alumnae	10 00	
Refunds	5 80	
Proceeds, Calendars sold	3 88	
Proceeds, Florence Nightingale Post Cards	1 55	
Bank interest to Dec. 31st, 1913	6 55	
(Total receipts for year)		311 78
		$872 78

Disbursements

50 p.c. of fees paid Treasurer, Hamilton Chapter	$ 16 65	
50 p.c. of fees paid Treasurer, Peterboro Chapter	15 65	
50 p.c. of fees paid Treasurer, London Chapter	8 65	
Delegates' expenses Berlin Convention	22 10	
Miss Crosby's expenses, Atlantic City	54 40	
Miss Crandall's expenses, visit to Toronto	43 65	
Mrs. Tilley's traveling expenses	16 15	
Expenses of Annual Meeting:		
Catering	$75 00	
Stenog. Reporting	21 70	
Lantern	8 50	
Chairs	7 80	
Street cars, Forest School	13 00	
Use of rooms, etc.	7 16	
	133 16	
Extra cost publishing report of Convention in The Canadian Nurse, July issue	40 00	
Annual dues Local Council of Women, years 1912-13	4 00	
Annual fee, Provincial Secretary, 1912-13	2 00	
Advertising, The Canadian Nurse	25 00	

Advertising, various newspapers, re Hospitals	118 66	
Advertising, re Mass Meeting	14 71	
Printing, Stationery, Postage	35 12	
Auditor	5 00	
Annual contribution support Mrs. McEvoy	30 00	
(Total disbursements for year)		584 90
Balance in bank at close of year		287 88
		$872 78

JULIA STEWART,
Treasurer.

I have examined Receipt Book stubs, Bank Book, Vouchers, and Cash Book for year ending May 24th, 1914, and certify that above statement agrees therewith.

T. W. ELLIS,
Auditor.

Toronto, May 26th, 1914.

Moved by Miss Stewart, seconded by Miss Crosby, that the Treasurer's report be adopted.—(Carried.)

Miss Dyke read report of Committee on Revision of Constitution and By-Laws.

REPORT OF COMMITTEE ON REVISION OF CONSTITUTION AND BY-LAWS OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO, 1913-14.

President and Members of the Graduate Nurses' Association of Ontario:

Your Executive appointed me Convener of the Committee on Revision of the Constitution and By-laws, and, according to custom, allowed me to name the committee of five. I have not called the committee, and owe you an explanation.

The increasing number of Chapters of the Provincial Association has created a need for revision of the Constitution and, knowing that Toronto intended to form a Chapter, I reported to the Executive the advisability of allowing the new Chapter to bring in recommendations upon which the committee might act. The Chapter was organized, and a committee appointed to draft recommendations to be sent to the Provincial Association. The committee, along with the Executive of their Chapter, proposed changes of such importance that the matter was referred to the various Toronto Alumnae for discussion. Representatives of these Alumnae met with the Executive and committee of the Chapter and called a further meeting composed of the Executives of the Alumnae along with the Executive of the Chapter. The final meeting was not held until after my term of office expired, on May 24, 1914.

The fact that the public meeting of the nurses was postponed from

May, 1914, to September, 1914, in order to meet with the Canadian Conference of Charities and Correction, means that the letter, rather than the spirit of the law has been broken. The new Convener and her committee have drafted and forwarded to the Association the proposed amendments to be considered to-day. E. H. DYKE.

Moved by Miss Dyke, seconded by Miss Mitchell, that this report be adopted.—(Carried.)

Report of Legislation Committee was then presented, and Miss Stewart moved its adoption.

The President: That seems to be very slow work. Statements have been recently published in the local papers in Kingston and Brockville stating that nurses must apply for registration by September 1st, and after that date, in order to register, they will have to pass an examination. The G.N.A. is not responsible for the statement, neither do we know the source from which it came. We have been advised by our lawyer to send a notice to these papers, explaining our stand in the matter. It has not been done yet. We only received the advice yesterday afternoon. We have had a great many letters from Kingston and Brockville about the matter.

Reports on Chapters.

Miss Dixon (Peterborough) presented the report of her chapter. Applause.

The President: You have monthly meetings—how does that work in with your monthly alumnae meeting?

Miss Dixon: It interferes somewhat, but we keep up our monthly meetings. There are a great many nurses in Peterborough who are hospital nurses, but the majority are not.

The President: You have your alumnae meetings, too?

Miss Dixon: Every second month.

Miss Dyke: The Executive called a meeting of the Toronto Nurses on March 31st, to consider the formation of a Toronto Chapter, and the formation of a Home Nursing Society. The large attendance was due to the fact that each Alumnae Association did its best to get all the members who could possibly do so to attend. The Residence at the Hospital for Sick Children was crowded, and we Toronto Nurses were very proud of the interest taken.

At that meeting two committees were formed, one on organization, which consisted of the President of each Alumnae Association and the President of the Florence Nightingale Association. It was left to the committee to arrange the meetings.

The second committee, which was representative of the different training schools for nurses in Toronto, was formed to investigate the question of home nursing in Toronto, and to report to the Toronto

Nurses. The organization committee met four times, submitted their recommendations to the nurses and they have appointed four officers. They, however, did nothing else, because they faced the problem of the Provincial Constitution. The Alumnae held various meetings and have sent requests to the Provincial Executive that certain changes should be made in the Constitution.

The Committee on Home Nursing have also secured information. In the meantime a Board of Home Nursing has been established, with nurses on the committee, to establish Home Nursing in Toronto. The Toronto Chapter, therefore, at the request of that Board, sent in some recommendations. The future will determine what action will be taken.

Another interest which the new Chapter has taken up has been Indian Homes and Nurses. A meeting of Toronto Nurses was called to decide what the nurses of Toronto would do for the Hospital Ship. The nurses of Toronto, as a whole, responded to that.

One recommendation of the organization committee was that the Toronto Chapter should meet every two months, and a request was made to the different Alumnae Associations to meet on the alternate month. At present the Chapter will meet in November, January, March and May.

The President: We shall expect great things of the Toronto Chapter. It seems to me a better idea to have the meetings alternate with the Alumnae meeting.

Miss Crosby was our delegate to the Annual Meeting of The Canadian National Association of Trained Nurses, in July last. I am sure you will all be interested in hearing all she has to tell you.

Miss Crosby: Madame President, the meeting of the Canadian National Association, in Halifax, was very interesting and instructive, and one of the most representative conventions that the Canadian National Association has ever held. We had representatives there from every province of the Dominion except Alberta, and you may be sure that the Halifax Nurses were very proud of that fact. We had three delegates all the way from Vancouver, one from Regina, two from Winnipeg, several from Quebec and from Ontario.

The meetings in the historic city were certainly very interesting. It was a privilege to have the opportunity of attending them, and I can assure you that your delegate appreciated the honor of being your representative at the Fourth Annual Meeting of the Canadian National Association of Trained Nurses.

It is not my intention, nor do I think it is any part of my duty, to report the papers. Perhaps you may think it is, but these papers are to be reported fully in the October issue of The Canadian Nurse. My duty is to give you as careful a report as I can of the business that was

presented, so that this Association may keep in touch with the business of the National Association, and be able to bear its full share of responsibility.

On the morning of July 10th we convened at the Technical College in Halifax at 10 o'clock. The Invocation was given by Rev. Dean Lloyd. The prayer in the new English Church Prayer Book for Hospitals was used for the first time at this meeting. An address of welcome was given by Mayor Bligh, who gave us the privileges of the city. Our friends in Halifax treated us most royally.

The response to the address of welcome was given by Miss Wright, in a few happy, well chosen words.

I will pass over the address of the President, which you can read for yourself in The Canadian Nurse. The report of the Executive Committee dealt largely with the business that had been conducted by the Executive since our last Annual Meeting, in Berlin, in May, 1913. They had several meetings and sought to carry along the business of the Association, but nothing definite had been done.

The report of the Treasurer did not show the Association to be in a very strong position financially. Of course, that is not the fault of our Association, for we had paid our dues.

The most important things came under the head of New Business. The officers were elected by ballot, and Miss S. P. Wright, of New Westminster, is the President. In her address, when introduced as President-elect of the Association, she appealed to all the Nurses in Canada to support her loyally and faithfully in her office. She realized that her work would be arduous, and unless she had the support of all the Nurses it would not be a success. She wanted every Nurse in Canada to feel that she must bear her part of the responsibility and do her share of the work, if the Canadian National Association was going to be the force it should be in the nursing affairs of our country.

The Canadian National made a proposal to take over entire control of The Canadian Nurse. Some time before the Annual Meeting the Executive sent to The Canadian Nurse a request, asking the directors if they would consider a proposition to enable the National Association to take over the magazine. The directors replied that they were willing to do so. The Canadian Nurse had always kept before it the idea that it was a national magazine, and that the National Association should control the magazine when it was equal to assuming the responsibility. The matter was not settled. The questions submitted by the National Association had been answered by the directors of The Canadian Nurse, full information had been given them, but, of course, they had not the money in hand, and the transfer could not be made until they were in a position to assume the financial responsibility. Plans were suggested. One was that the different Associations form-

ing the membership of the National should be asked to contribute $100 towards a fund for purchasing the magazine, but the matter was finally left with the new Executive, and it is the duty of that Executive to formulate plans that will enable the National Association to finally take over The Canadian Nurse, and a further report is to be given at the next Annual Meeting, which is to be held in Vancouver in 1915.

Another matter was the question of taking charge of a department in The Woman's Century. That is a magazine controlled by the women of Canada, and the Editor some time before had given the Nurses the opportunity of having a share with the other women in this magazine. The Canadian Nurse had attended to that duty until the matter could be presented to the National Association. The National Association felt it should unite with the other women in this work, and take charge of a department in that magazine. The Executive was left to appoint a nurse to take charge of the work of supplying material for our department in The Woman's Century.

Another matter for discussion was our part in the program of the International Congress of Nurses, to be held in San Francisco in 1915. Each country is expected to contribute five papers of ten minutes' reading length. The Executive was instructed to deal with this matter, secure the necessary papers, and have them ready for the National Convention in May.

Another important matter that came up was the contribution of the Canadian Nurses to the Florence Nifightingale Fund. This contribution is to be presented to the Honorary President of the International Congress, Mrs. Bedford Fenwick, at San Francisco, in 1915. The National Association is anxious that Canada's part should be no mean one. Our Provincial Association will be asked to deal with this matter in Ontario. Each province will have charge of the contribution from that province, and we should make it one worthy of the cause. As you already know, it was decided at the Congress in Cologne in 1912 that an International Memorial to Florence Nightingale should be established, that memorial to take the form of a chair of nursing in an English University—English, because that is the country of Florence Nightingale. All the Nurses of Canada are anxious that the contribution given by Canada to that Fund should be one worthy of the Nurses of this Dominion, but unless each Nurse feels it a personal responsibility the fund will not be all it should be. One Alumnae was following this plan: Each member is giving a cent a day towards the fund for a year. That makes $3.65 from each member of that Alumnae to that fund. That seems a very good way of raising a large sum of money.

In the afternoon we had a very helpful session on Public Health.

We had five papers from Nurses who were engaged in the different departments of Public Health Service. The time given to each was five minutes. I think all the delegates were sorry they could not hear all Miss Pope's paper on Army Nursing. It was too long to be read in the allotted time, and none of us were quick enough to ask the President for permission to extend the time.

The Public Health Nurses' Committee was represented by Miss Dyke, who had been appointed convener. This committee brought in a number of recommendations, the most important of which was that a Standing Committee on Public Health be formed by the National Association.

In the evening the session was devoted to a consideration of the work of the private nurse, the qualifications of the private nurse, Nurses' Clubs, Nurses' Registries, the menace of the Short Term Correspondence School. A paper on the Value of the Practical Nurse, by Miss Davis, Mutual Benefit Association, Brattleboro, Vermont, was particularly interesting to us. We had been considering ways and means of establishing Home Nursing in Toronto. In Brattleboro they have a very successful Home Nursing Association. Miss Davis has on her list a number of practical nurses, whom she supervises. She has a staff which supervises the work of these women, and from what she told us I should judge that her Association is most successful. She takes on her list of practical nurses only women who have had no training. She does not take partially trained nurses at all, for she feels that those who have partial training have, for some very good reason, been rejected from a hospital, and will not be any acquisition to her list. Miss Davis' paper was very full and very interesting, and she answered a number of questions afterwards, which were very helpful.

In the session devoted to Registration—the last of the Conference—reports on the progress or otherwise of Registration in all the different provinces were given. Nova Scotia has a very interesting Bill. While they have not got the provision to legalize the use of the "R.N.." they have a good scheme, by which they register Nurses who are graduates, and Practical Nurses who may be partially trained or untrained, but who have proved their usefulness in many cases. All Nurses, practically, in Halifax are registered either in one list or the other. They have no one nursing there who is not connected with the Registry kept by the Graduate Nurses' Association of Nova Scotia. That, to me, seemed rather interesting, because it is the only Association of Graduate Nurses, so far as I know, that controls the whole field of nursing within its boundaries.

In New Brunswick they have not done very much. They have

only very recently got their Provincial Association organized, but they are thinking and studying and planning to do better things later.

Prince Edward Island has taken no steps toward registration.

As far as Ontario is concerned, you all know what has been done there.

Quebec: Miss Des Brisay reported that they are not provincially organized, and while the Nurses of Montreal have done something to try to further registration, have studied the question and have had lectures upon it, still no definite steps have been taken to secure registration, or even to draft a Bill, as yet.

In Saskatchewan, that new province, they have their Bill drafted and all ready to present at the next session of the Legislature. The very energetic Secretary of the Provincial Association, Miss Jean Browne, who was the delegate to the Convention, gave us a very interesting report of the way they were managing, and I feel sure that before very long you will hear they have a good Registration Bill there.

Miss Cotter gave an account of registration in Manitoba. That, as you know, is the only province that really has registration, and while they have not got a Bill of which they are very proud, because it was so mutilated in passing through the hands of the legislators that their standard was considerably lowered, yet they have a Bill and have recognition by the Manitoba University. Their examinations are conducted by the University, and University recognition means a very great deal. The standard may be gradually raised as they get the powers-that-be educated to the fact that a higher standard is a necessity, both for the Nurses themselves and for the sick.

Miss Wright gave an account of what had been accomplished in British Columbia. She has been the President of the Graduate Nurses' Association in British Columbia for some time. They have had a Bill drafted, have had it considered in a Committee of the House, but it has never been presented to the House. Probably some of you noticed in The Canadian Nurse a statement that the Bill had been presented. That was an error. It was considered in Committee, but the Committee advised the Nurses not to present their Bill, as the time was inopportune. They hope to present it soon and be successful.

Their Bill is a little different from the Bills that have been considered in the other provinces, in that it provides for the control of the untrained Nurses. The Nurses there feel that the whole situation must be controlled, and have, therefore, made provision for the proper control of the untrained Nurses.

In Alberta they have a Provincial Association and are considering the matter of registration. Miss McPhedran, in her paper, said that the floating population in Alberta made it very difficult to accomplish very much in the way of permanent work.

The status of Nurses in Great Britain. That paper was prepared by your President, Mrs. Tilley, and gave a very interesting survey of the status of Nurses in Great Britain. As you all probably know from the British Journal of Nursing, Nurses in Great Britain have not had a very enviable position for a long time, owing, for one thing, to the abuse of the uniform by unscrupulous people, and to their own hard struggle to get registration. I think, perhaps, that things did look more bright latterly, but now that they have been disarranged by the war their progress will probably be delayed for a time.

Our next place of meeting will be in Vancouver. The time will be just before the meeting of the International Congress, so that Nurses who go to our own National may go on to San Francisco to the International. Plans will be made for a special train to convey our own Nurses across the continent to Vancouver, and special arrangements will be made to take them down to San Francisco. I hope you will all be ready to take that trip next year.

Now, I trust you will not feel that you know all about what went on at the Canadian National Association Convention. I want you to read the report carefully. There were some splendid papers given, prepared with the greatest care, and containing an immense amount of information. No one can give an adequate idea of the papers in a few minutes, and rather than mutilate the good papers it is better to leave you to read them at your leisure.

In speaking about the very cordial way in which the Nurses were received in Halifax, I would say that we were all met at the train, hotel accommodation had been reserved for us, and we were looked after most carefully in every way.

The first day of the Convention a Garden Party was arranged. It was a most delightful day, and we met on grounds that overlooked the North-west Arm. Everything certainly was most delightful. In the evening of that same day we had a concert, arranged in the Public Gardens in our honor. The City Band and the band of the Royal Canadian Regiment furnished the music. The band of the Royal Canadians was selected to play at the Coronation of King George.

On the afternoon of the second day we were the guests of the Victorian Order of Nurses at tea. We were invited to visit the Nova Scotia Hospital and were the guests of Dr. and Mrs. Lalor at tea. Another delightful sail took us to the home of Mrs. McCready, where we were entertained at a most delightful Garden Party. The Nurses of Halifax were lavish in their entertainment, and left nothing undone to make us feel perfectly at home, and they hoped we would not be long in returning. (Applause.)

The President: I am sure we have all enjoyed that interesting report.

Miss Jamieson presented report of The Canadian Nurse, and moved its adoption, seconded by a member.—(Carried.)

As your representative to The Canadian Nurse, I beg to submit the following report:

I have attended all the meetings of the Board of Directors.

The Annual Meeting was held at The Nurses' Club, in November, 1913, at which the Business Manager's report showed a subscription list amounting to $1,231.00; Advertisements, $2,141.00; making a total of $3,372.00. He also stated in that report that on account of increased expenses in publishing, it would be necessary to make our magazine smaller by eight pages, beginning January, 1914.

In January Miss Crosby reported receiving a communication from Mrs. MacIvor, Editor of "The Woman's Century," requesting that we take charge of a column in that Magazine. This request was complied with by our Editor until the Canadian National Association of Trained Nurses could assume the responsibility.

Miss Crosby reported that Mrs. MacIvor had written to the Editor of "Good Housekeeping," calling attention to the injustice of advertising the Correspondence Schools of Nursing, as they were doing. Mrs. MacIvor also published in "The Woman's Century" arguments gathered from different sources by the Editor of The Canadian Nurse, showing why such advertising was misleading.

In April, 1914, a letter was received from Miss A. J. Scott, Convener of a Committee appointed by the Canadian National, asking if The Canadian Nurse Editorial Board would consider a proposition relative to the purchasing of "The Canadian Nurse" by the National Association. On the Board replying in the affirmative, a second communication was received, with a list of questions, asking for necessary information that would enable them to proceed to carry out their proposal. The Board gave the fullest information, so that the National would be in a position to fully discuss the matter at its Annual Meeting.

The Board notes that when the Editor had planned the Registration Number for July, the responses from the different provinces were so prompt (?) the number had to be postponed until September.

The Board would urge greater loyalty to the Magazine, and this can be best shown by a little more enthusiasm and a prompt response to your Editor's requests; yes, and the addition of your name to the subscription list.

Respectfully submitted,

E. J. JAMIESON.

The names of officers, elected last May, were then written on blackboard.

President, Mrs. W. S. Tilley, 157 William street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession street, Moun-

tain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst street, Toronto; Miss M. Ewing, 295 Sherbourne street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas street, Toronto; Miss Jessie M. Robson, 45 Dundonald street, Toronto; Mrs. Clutterbuck, 148 Grace street, Toronto; Miss J. G. McNeill, 52 Alexander street, Toronto; Miss C. E. De Vellin, Alexandra Apartments, University avenue, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn avenue east, Toronto; Miss E. M. Norris, 82 Isabella street, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic avenue, Toronto; Miss Agnes Boyd, 59 Avenue road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto.

Miss Crosby: Shall we discuss how we shall raise our share of the Florence Nightingale Memorial Fund?

The President: That is an important matter, but would it not be better to wait for the larger meeting this afternoon?

Moved by Miss Crosby, seconded by Miss Argue, that a committee be formed to consider steps to be taken to raise funds for the Florence Nightingale Memorial Fund, and that a report be submitted at the afternoon session.—(Carried.)

It was decided that Miss Crosby should be Convener of the committee.

Meeting adjourned at 12.15 p.m.

2.30 p.m.: Afternoon Session.

Paper was given by Miss E. McP. Dickson, Superintendent of Training School, Toronto Free Hospital for Consumptives, on The Care of Tuberculous Children.

"THE CARE OF TUBERCULOUS CHILDREN."

By E. McPherson Dickson, Superintendent of Nurses, Toronto Free Hospital for Consumptives.

To one unfamiliar with the disease, the label "Tuberculous child" at once suggests a pitiable object, one of racking cough, hectic flush, general depression, and altogether a hopeless, helpless kind of thing. Truly these little ones are to be pitied, starting out in life so handicapped, for even though they may be apparently cured, they are like pieces of well-mended china, "never as good as new," but much can be done to restore them to happy health and useful citizenship.

As a matter of convenience in considering these cases, it might be well to give you at the outset a rough classification as follows:

Class I.— Incipient

1. Slight or no constitutional symptoms (including particularly gastric or intestinal disturbance or rapid loss of weight).
2. Slight or no elevation of temperature at any time during the twenty-four hours.
3. Slight or no acceleration of pulse at any time during the twenty-four hours.
4. Expectoration usually small in amount or absent.
5. Tubercle bacilli may be present or absent.
6. No tuberculous complications.

Class II.— Moderately Advanced

1. No marked impairment of function, either local or constitutional.
2. No serious tuberculous complications.

Class III.— Far Advanced

1. Marked impairment of function, local and constitutional.
2. Serious tuberculous complications.

Perhaps no one can do so much for the tuberculous child in Class I. as the intelligent nurse on private duty. She lives in the house for some weeks, has an opportunity of seeing the little one at all hours of the day, and being more or less disinterested, would observe signs of abnormal health much more quickly than would other members of the family.

We are not unmindful of the fact that we, as nurses, must not diagnose, but we may do better than that—make the family think a bit, for even if we did diagnose correctly a case of incipient tuberculosis in a child, the average family would not believe us. They don't want to, and would think that after all we did not know very much about nursing in general, and children in particular.

If the child is easily tired, has steadily lost weight, is disinclined to play, has a variable appetite, flushes easily, perspires freely on very slight exertion or when asleep, be on your guard. Ask the mother if she has noticed these signs, if she thinks Johnny is really lazy, or if she does not think there is something the matter with him, if it would not be safe to have him see a physician. It may not be tuberculosis, but if the trouble is not diagnosed definitely as something else, we may, by this process of exclusion, be very safe in saying that it is tuberculosis. Don't lose time. Treat it as though it were tuberculosis until you are

satisfied that it is not, for the treatment is one of fresh air, sunshine and suitable diet which will be good in any case.

When physical signs spell tuberculosis, it is too late to do much that will be permanent. Someone has blundered.

We find tuberculosis attacking every part of the body excepting the stomach and heart; reproductive organs rarely, though in children the most common forms are, in order mentioned, glands, bone, joints, lungs and intestines. The germ has gained its entrance either by inhalation, injection or inoculation, and the source of contamination is from infected sputum or faeces, though young children may be contaminated by bovine tuberculosis through infected milk.

Statisticians tell us that 93 per cent. of all post mortem examinations show the presence of tuberculosis, and it is believed that infection takes place in early childhood.

It may be of interest to you to know that our records show that the majority of cases developing symptoms among children are girls, while on the other hand, with the adults, the majority are men. This is accounted for by the fact that girls are housed up more than are boys, and while the boy may have escaped, as far as physical signs, it is only until such time as the constitution has been weakened by hardships, worry or intemperance in any form.

The tubercle bacillus is a vegetable organism, and will not grow ordinarily outside the human body, and indeed, will only live for a few hours when exposed to sun or even to diffused light, and like all vegetable organisms, will only thrive where it finds a suitable soil. When we remember that the reproductive organs are rarely affected, heredity need hardly be considered, except inasmuch as it may provide suitable soil for the growth of the bacillus. If the child has developed symptoms under favorable conditions, the prognosis is poor, indicating a low power of resistance, and not much of a permanent character can be done.

However, the intelligent administration of tuberculin to stimulate the manufacture of antibodies has been found to be of great value. There is then left the alleviation of troublesome symptoms, and the education of the child that he may not be a source of danger to others.

Perhaps no branch of the work is more interesting than the education of little children along these lines. They believe what is told them, and they are blessed with more tender consciences than are their elders. This is very noticeable among a group of tuberculous children. For example:

On a rainy day, when our little ones are turned into the playroom, dolls' beds are immediately placed in two rows, and temperatures promptly taken. I have even seen two incisors sacrificed so that a long glass bead might be introduced into the doll's mouth and the tempera-

ture really taken. The children at once decide that the doll must remain in bed, or that the pain from which the doll is suffering is pleuritic, and it is not an unusual thing for one of the nursing staff to be called to settle a dispute as to what the treatment should be.

Again, if you should take one of our small boys into a street car, he would be very quick to observe the man who disregards that little sign, "No Spitting," and in all probability would cause you much mortification by his very audible exclamation of disapproval and disgust.

The child must be taught that nothing should be put into his mouth which is not to be eaten, excepting his tooth-brush, thermometer, fork and spoon; that the handkerchief should always be placed over the mouth and nose when coughing or sneezing, and then kept in a rubber pouch which may be sterilized (or some other good device for the purpose). Teach him that his thermometer must decide what he may or may not do in the matter of exercise; that his food is his medicine, and to take it wisely and regularly is his only chance of being well again.

Adequate rest is only secured for children through the employment of some occupation or recreation that will use up the minimum amount of energy. Girls are much more easily controlled in this respect than are boys. Much is said nowadays about the University Education of Nurses, but I think it would be almost better for us to go back to the kindergarten and diet kitchen if we are to engage in the nursing of sick children.

Then we have the child whose home conditions have been poor, either lacking intelligent supervision in luxury or care in poverty, and from these cases the nurse sees most gratifying results for the part she takes in the child's battle for existence.

Having educated the child and secured the required amount of rest as before mentioned, we must attend to the diet, which should be a generous, plain, mixed diet, but rich in proteids and carbohydrates. Cream and well-cooked bacon are more easily digested than various preparations of cod-liver oil, and are, at the same time, much more palatable to the child. Here, again, we find even the very young child responsive to education and persuasion, and many a mother is surprised to find her child eating its bowl of bread and milk, or porridge, and many other foods which were refused at home.

To go into all the complications of tuberculosis would be a paper in itself, so that we may only touch to-day on a few of the most common.

Diarrhoea may be due to either tubercular ulcers in the intestines or to irritation caused by the toxins. If caused by the latter, we can do little except to give the least irritating articles of food and administer sedatives and protective medicines such as bismuth and opium.

If due to the latter, do not check the diarrhoea unless the patient is becoming too weakened, for the diarrhoea is probably only one of Nature's methods of eliminating poisons.

Temperature in tuberculosis is treated somewhat differently from that in acute disease, inasmuch as there is no change of diet and perhaps not so much restriction as to rest, but hyperpyrexia would receive the same treatment as in other cases, namely, absolute rest and hydrotherapy.

Sweats.—These have been incorrectly called night sweats. They might better be called sleep sweats, for they occur when in repose at any time of the day. Sometimes these are local, sometimes general. Again, this is a method of eliminating poisons, and unless too weakening to the patient had better be left unchecked. If, however, they become too troublesome, the ordinary astringent sponge, such as alum and alcohol applied to the part, is very beneficial. Many drugs are recommended, but are very hard on the digestive system, and as the consumptive's stomach is his best friend, we must take care of it.

Cough.—If a dry, hacking cough, without raising sputum, it should be discouraged, for if a patient is allowed to cough unnecessarily, haemorrhage results, through the stretching of a weakened vessel which is involved.

Pleurisy.—We find very young infants suffering severely from pleurisy, and one of the most pitiable sights at the post mortem examination is to be found in cases where the little lung is almost adherent to the chest wall. One may imagine what these little ones have suffered. The cry of an infant suffering from pleuritic pain is very characteristic, a short, sharp, sudden cry, which ceases when the child realizes that the effort is increasing pain.

With very small infants an ordinary binder to partially fix the chest is about all that can be done, as in most cases, both lungs are involved. In older children, where the pain is localized, apply a counter irritant, and if the pain is in the lower part of the thorax, the use of adhesive strapping to fix the chest will relieve.

In regard to the prognosis of a case of tuberculosis, we find a very pessimistic attitude assumed by the average general nurse, which cannot, to say the least, be very comforting to the victim nor to the friends, and as one who has lived constantly for nearly ten years with tuberculous patients, I would like to say to you that while it is lamentable that in so many cases valuable time has been lost before a positive diagnosis has been made, it is not too late, even with advanced cases, to obtain very gratifying results, providing there is good resisting power on the part of the patient, and while it is true that those who have suffered from the ravages of tuberculosis must never forget, must live and work under suitable conditions no matter how completely cured

they may feel, it is also true that those who have suffered from gastric or cardiac disease must live just as guarded lives as the one-time tuberculous patient.

The President: It has been a great pleasure to us to listen to Miss Dickson's address. I am sure we see things from a very different point of view. Several items were of interest to me. I wish to convey the thanks of the Association to Miss Dickson for her kindness in addressing us.

Miss Crosby: The committee appointed this morning on the Florence Nightingale Fund met after luncheon, and I submit to you this report. We have several recommendations to make. First—That the Nurses of Ontario be given some opportunity, in some way, to study the Life of Florence Nightingale, as presented to us by Sir Edward Cook in his book recently published. That some plan be arranged by which lectures on the life of Florence Nightingale be given to the Nurses of Ontario. Very interesting lectures could be given by dividing the subject, taking the early life, the home life and associations, the education of the woman, her work in the Crimea, and her work for the British Army, and then, possibly, her work in the later years of her life.

She did a great deal of work, not only for Nurses and nursing, but for women generally. She really led the movement for the emancipation of women all along the line. The response of the Nurses to the call for this fund will be in proportion to their knowledge of and admiration for this very wonderful woman, and if we have lectures given to the Nurses through their Alumnae Associations, or through some other plan devised by the Nurses, so that they may become thoroughly acquainted with her life and work in all its bearings, we feel that the response will be much more generous, and we do want that response to be worthy of the Nurses of Ontario.

In order to have some definite idea at an early date, your committee suggest that a letter be drafted, explanatory of this idea which I have tried to put before you, the object of this fund, what the fund is to do eventually, etc., be sent to the President of each Alumnae Association in the province and, where there is no Alumnae, to the Superintendent of Nurses at the Hospital, and each be asked to devise ways and means for their own Nurses to raise a fund, and to let the Executive know by January 31st just how much to expect from each Association, so that the Executive in its turn may report to the President of the National Association, and then the National Association will be in a position to know what it is going to do by the time the International meets, because, you know, May 31st, 1915, will not be very long coming.

The committee which you have appointed for this work will, if

you approve, draft such a letter as suggested and forward it, and give the Executive of the G.N.A.O. the report of the work that they have done.

The President: In the short time the committee were discussing their plans, since lunch, they accomplished a great deal of work. Are there any suggestions the meeting would like to add to Miss Crosby's recommendation?

Member: I think there are a great many graduates of our leading hospitals, living in the United States, who would be glad to subscribe.

Miss Crosby: We must not forget that this is an International scheme, and all Nurses in the United States will be contributing to the fund raised in the United States. We, as a Provincial Association, will deal with Ontario. The National, as I understood in Halifax, gave the work of collecting the fund in each Province to the Provincial Associations.

Moved by Miss Gunn, seconded by Mrs. Struthers, that the committee appointed this morning be made a permanent committee to handle the Florence Nightingale Memorial Fund for the Province of Ontario, in whatever way they think best.—(Carried.)

Miss Crosby: Do I understand that we will have to gather the money, or advise ways and means of receiving the money?

Miss Gunn: I mean you would advise the ways and means and get the money. (Laughter.)

The President: The committee is composed of Miss Crosby, Convener, and Miss Snively and Miss J. F. Stewart.

Miss Crosby: Are we permitted to add to our numbers, if necessary?

Miss Gunn: I would add as an amendment to the motion that the committee be empowered to add to its numbers should the work so require.

Seconded by Mrs. Struthers.—(Carried.)

The President: I would ask Miss Smith, the Convener of the Committee on the Revision of Constitution and By-Laws for this year, to read the proposed changes, but she is not able to be with us this afternoon. Miss Dyke, the former Convener, will read a report before we go to a discussion.

Miss Dyke: Miss Smith has been a very active Convener on this committee. She has come down from Hamilton and telephoned frequently.

We have worked very faithfully over the old By-Laws and these By-Laws which we have drafted. I think we were busy from half-past two until seven one day, studying it out very carefully and drafting By-Laws. It was then that the printing of those proposed amendments to the Constitution and By-Laws was left to me. A

lawyer friend of mine, whom I consulted to make quite clear to me the difference between the words "director," "executive" and "officers." when I showed him this Constitution we were amending, said we were incorporated in 1908, and asked for our Charter. I said, "I have never seen a Charter." He said, "I don't think you should amend your Constitution until you have your Charter." We consulted the firm of Mr. Ludwig. Mr. Ludwig was away, but Mr. Ritchie took a great interest in the work of the Committee. We had two consultations with him and got his advice, which was that the Association could, of course, determine the By-Laws which it wished to adopt, but that the incorporation in 1908 did away with all Constitutions except the Charter. We were puzzled to know why we had a Constitution that varied slightly from our Charter. They laughed and said it was a very common error in Women's Associations, so we wrote to Mr. Parmenter, who had incorporated the Society, and Mrs. Tilley has his letter, in which he states that he incorporated the Association in 1908, and he thought the Nurses understood at that time that the Charter became their Constitution, but, apparently, the old Constitution had been retained and amended as time went on. It was merely a technicality. There was nothing done that was out of harmony with the Charter, but, technically, we had been retaining a Constitution that went out of existence in 1908. So Miss Gunn and I communicated with Miss Smith, of Hamilton, and tried to frame our proposed By-laws to harmonize with the Charter.

We thought we would send out the By-Laws as they were proposed, but when we found it would be very difficult to do that unless we printed the Charter, because the Charter gave us power to vary the number of Directors, etc., so that we really had to print this year the Charter as it stood in order to make the By-Laws as proposed intelligible. The Charter remains as it is unless it is changed by application to the Government, but we may adopt any By-Laws under it the Association wishes.

The result of the somewhat prolonged discussion was the passing of these By-Laws.

BY-LAWS OR SUPPLEMENTARY REGULATIONS

Elections

1. Provided for the annulling of the old By-laws, but we have not been able to secure a copy.

2. The Board of Directors shall consist of 21 members, in addition to which each Chapter will appoint one representative. Seven members of the Association shall be elected by ballot annually by the Association, for a term of three years.

3. The Directors shall appoint their officers as provided in the Charter of the Association, and also the conveners or members of standing committees, at the close of each annual meeting.

Quorum

4. Seven members of the Board of Directors shall constitute a quorum.

Duties of Officers

5. The President shall preside at all meetings of the Association, and shall be ex-officio member of all committees.

6. The First Vice-President shall, in the absence of the President, discharge all duties of the office.

7. The Second Vice-President shall, in the absence of the President and First Vice-President, discharge all duties of the office.

8. The Secretary shall keep a correct record of all meetings of the Association, notify members of all regular and special meetings, notify officers of their election, committees of their appointment, keep a correct list of names and addresses of members, keep a complete list of provincial training schools whose graduates are eligible for membership, send a summary of business transacted at each meeting of the Board of Directors to the secretaries of the local chapters, and have the custody of all important papers. She shall turn over to her successor, within one month after the annual meeting, all Association property in her possession.

9. The Corresponding Secretary shall perform all duties assigned her by the Recording Secretary.

10. The Treasurer shall collect all fees and dues and notify members of unpaid dues. She shall keep a strict account of all funds received and expended, and she shall keep the local Chapters informed of their paid-up members and render a report at the regular meeting of the Board of Directors and the Association. The Annual Report shall be audited by an expert accountant. No bills shall be paid by the Treasurer until countersigned by the President or her representative. The Treasurer shall keep the funds of the Association in a bank designated by the Board of Directors and in the name of the Association. She shall turn over to her successor within one month after the annual meeting all Association property in her possession.

Elegibility

11. Nurses graduating from a training school in connection with a hospital with a daily average of twenty-five occupied beds, and giving its pupils not less than a two years' training in general nursing, or giv-

ing an equivalent training in one or more hospitals, shall be eligible for membership.

Membership

12. Any Alumnae Association of a school giving its pupils the training specified in By-law No. 11, shall be eligible for membership.

13. Any organization of trained nurses, whose constitution and by-laws have been approved by the Board of Directors of this Association, shall be eligible for membership.

14. Nurses who are eligible under by-law No. 10, whose school has no alumnae association, or whose alumnae association is not a member of this Association, and are resident in localities having no organization of trained nurses holding membership in this Association, may become individual members.

15. Honorary members shall be elected by a two-thirds vote of any general meeting of the Association, but may not vote or hold office.

Voting

16. Individual members will vote individually. Associations holding membership, shall have one vote for each five members.

Committees

17. A Legislation Committee shall be appointed and shall consist of five members, the Convener to be appointed by the Board of Directors with power to name her own committee. The duties of this committee shall be to keep the Board of Directors informed regarding matters relating to legislation for nurses in Ontario and elsewhere, and to make recommendations to the Board of Directors. This committee shall undertake any work assigned to it by the Directors.

18. A Committee on Press and Publication shall be appointed and shall consist of five members, the Convener and a representative to The Canadian Nurse to be appointed by the Board of Directors and three members to be appointed by the Convener. The duties of this committee shall be to report to the Board of Directors all important press notices affecting the objects of this Association, and to publish reports and notices as instructed by the Directors and to send copies of the same to the Secretary for filing.

19. A Nominating Committee shall be appointed at the annual meeting. It shall consist of five members, the Convener to be appointed by the President and four to be appointed by the Association from the floor. The duties of this committee shall be to compile a list of twelve members who are willing to serve, if elected, to fill the vacancies of the

seven retiring Directors. This list must be mailed to each member at least thirty days before the annual meeting.

Fees

20. The annual fee for individual members shall be one dollar ($1.00). Alumnae and other organizations of nurses shall pay an annual per capita fee of fifty cents, of which twenty cents will be returned to the local Chapter.

Chapters

21. This Association shall encourage the formation of local branches, to be known as Chapters of the Graduate Nurses' Association of Ontario.

22. Members wishing to form a Chapter of this Association shall apply to the Board of Directors. All members resident in the proposed territory shall automatically become members of the Chapter when organized.

23. The officers of a Chapter may consist of a Chairman, Vice-Chairman, Secretary and Treasurer.

24. The Chapters may appoint standing committees to deal with local matters in accordance with the object of this Association. They shall refer all business of provincial interest to the Board of Directors of this Association.

25. The Chapters may appoint representatives to other local organizations.

Order of Business

26. The meeting shall be opened by the prayer of the Association.

1. Roll Call.
2. Reading of Minutes.
3. Report of Secretary.
4. Report of Treasurer.
5. Report of Committees.
6. Unfinished Business.
7. New Business.
8. Election of Officers.
9. Adjournment.

Amendments

27. These By-laws may be altered or amended at any General Meeting of the Association, or at any Special Meeting called for that purpose, provided notice of proposed change be mailed to each member at least thirty days before said meeting.

The President: We have yet to decide about the paper for the International Congress.

Member: I would like to move that the selection of the writer be

left to the Executive. The choice of the paper is left to the writer.

Miss Gunn: The Province chooses the writer of the paper, but the writer chooses the paper itself. It goes out as a provincial choice.

Seconded by Miss Christie. (Carried.)

Miss Gunn: I would like to put a motion before the meeting. That at the next Annual Meeting of the Association seven members shall be elected to serve for one year, seven members to serve for two years and seven members to serve for three years, to meet the requirements of the newly-adopted by-laws.

Seconded by Miss Jamieson. (Carried.)

The President: We have no Convener for our Legislation Committee. It should have been attended to last June. We have appointed several, but all have declined to act.

Miss Dyke: According to these by-laws we will have to appoint a Nominating Committee to prepare our Bill for May, 1915.

The President: We should do so after the evening meeting.

Miss Christie was requested to suggest the Nominating Committee.

Evening Session.

Lieutenant-Colonel J. T. Fotheringham, Assistant Director of Medical Services, Division II., was introduced by the President.

THE ARMY MEDICAL SERVICE OF CANADA.

By Lieutenant-Colonel J. T. Fotheringham, Assistant Director of Medical Services, Division II.

Mrs. Tilley and Ladies:

I am afraid that before I am through with this talk you will one and all think it is a little dry. It is impossible to make such a subject interesting. It has to be somewhat didactic and more or less encumbered by facts and figures. I may, perhaps, relieve the situation, however, by introducing myself as an absolutely unblushing, unrepentant, uncompromising advocate of the duty and necessity of some form of universal training for the males of this or any other country, who are physically fit. We advocate this as a peace measure; as a measure meant to increase the industrial efficiency and domestic usefulness of the citizen, and to make the position of the country in its relations with the other units of the British Empire and with foreign communities more secure, less unstable and less dependent upon the goodwill or sufferance of our neighbors.

Sir Robert Craven advocated what was, in those days, an unheard of proposition: That he was prepared to prove that so far from being hurtful to people to be withdrawn from industrial pursuits for two or

three years, he was prepared, from figures, to show that it was actually an industrial asset.

Every one of you, of course, approaches the subject from an altogether different point of view, and you wish to hear, as I shall very shortly try to tell you, something about the recognized channels by which Nursing Sisters can play their part in the defence of the country. Before doing that I would like to point out certain rudimentary facts.

The first is from one of our training manuals to the effect that war is the ultimate result of policy by which the nation imposes its will on its enemies in defence of its honor, its interests and its existence. Second, that the armed forces of the Empire are the instruments by which in the last resource the national policy is carried into effect; and, thirdly, the strength of military forces to be maintained in peace or mobilized for war is, therefore, a matter of policy for which His Majesty's Government is responsible. The Army Council is responsible that the establishments voted by Parliament are efficiently organized, trained and equipped for war.

I need not point out that a modern army is meant for the defence of the country to which it belongs; the best defence is usually a vigorous offensive movement. The first essential in such an army, and the object for which a large proportion of its members, known as departments and services, or administrative troops (the nursing sisters come under the heading of administrative troops), are organized, is that this army may be able to take the offensive; in other words, may be mobile and self-supporting at a considerable distance from its base of supplies. Such an army must be fed, must be clothed, must be kept fit and well, must be provided with ammunition, with drafts for its wastage, with remounts, with pay, with its mail matter, with protection for its lines of communication. So we find in addition to the field army, composed mainly, of course, of combatants, viz., cavalry, artillery, engineers and infantry, that we have the medical services, the army service corps (charged chiefly with transport and supplies), remount and veterinary services, the army postal service, the army pay corps, the ordnance corps, military police, and so on.

Your training, of course, has accustomed you only to the work of medicine as it relates to civil life; it has not opened your eyes to the fact that the medical service of the army has an altogether different set of ideals. War is not made with rose water; it is necessarily accompanied by much suffering, sometimes by what looks like hideous cruelty, and the first duty of the medical officer, therefore, is not to attend to the men who have fallen sick or been wounded. I will read you some extracts from the regulations to give you so far as one may what that

point of view is as distinguished from the point of view of the civil training:

"The Army Medical Corps is maintained, first with a view to the prevention of disease, and secondly, for the care and treatment of the sick and wounded. The efficient performance of these duties demands a thorough knowledge of medical science, which must be acquired and kept up by deep and continuous study; and any instruction in purely military questions, beyond what is required for the performance of his proper functions, must be regarded as superfluous for an officer of the Army Medical Corps.

"It is necessary, however, to remember that while these are the objects for which he is maintained, the interests of the army require something even more than professional scientific knowledge from an officer of the Army Medical Corps, because it is impossible for him to carry out his duties efficiently without a certain general knowledge of military science, especially as regards the administration of an army in the field."

It will thus be seen that it is a far cry from the old conception of a medical officer's duties as understood even in the army, say, during the Peninsular war of 100 years ago, to the conception laid down in the regulations quoted, and a brief historical resume of the development may be permitted at this juncture.

The first military surgeons, of whom my reading gives any trace, were Machaon and Podaleirius, the two doctors of the Greeks before Troy; one of whom, Machaon, is described in the eleventh book of the Iliad as in need of medical service, having been badly wounded himself. The same book describes the treatment of the wounded Eurypylus by Patroclus, who cuts an arrow from his thigh with a knife, washes off the black blood, and puts bitter herbs on the wound, which stop the flow of blood.

These allusions were kindly given me again the other day by my former professor and friend, the President of University College. He further remarks in characteristic fashion upon the description, given in the same book, of Machaon, when wounded, drinking a "posset" of Pramnian wine with cheese grated into it, and barley meal sprinkled over it, which refreshed him, but which Plato criticises as justifiable for a wounded man only on the theory that if he could stand that he could stand anything and deserved to recover. The drink was given by Nestor's servant and not by a doctor, but the patient who took it was a doctor, and a wounded doctor, hence Plato's scoffs.

Most of the great names of medicine and surgery down to the days of Andrew Pare, in fifteen hundred odd, are associated with the service of soldiers in the field. About 1600 the Barber Surgeon is heard of. He was attached to a regiment and allowed the privilege of shav-

ing the soldiers. His pay was the not excessive sum of fourpence per day.

In 1700 surgeons and assistant surgeons were appointed to regiments and received a commission from the King; they were generally called "Mister," and had no rank or position whatever.

In the Crimean War, 1854-1856, there was nothing beyond a regimental doctor, so that disaster, due more to sickness than to wounds, followed most of the medical work. It is interesting to note that the reformation brought about by the force of public opinion was very much helped, if not mainly initiated, by the efforts of a woman, Florence Nightingale, "the lady with the lamp," who died, past 90 years of age, only four years ago. So that it is true, ladies, that your profession owes its existence largely to the working sister in the army.

In 1898 I was in camp at Ross, in Herefordshire, with the 5th Battalion, and I remember the officers telling me that they liked their old regimental doctor; he was a Surgeon Lieutenant-Colonel, was called "Pa" by the subalterns, and was considered a good judge of wine.

I need not say to you that these days have become but a pleasant memory, and that the medical service of a modern army has a well-defined status for all ranks, the officers holding substantive rank with regard to the rank and file of their own corps, and the whole army, and taking place both in Canada and Great Britain alongside the officers of all the other services on terms at least of equality, as regards good soldiership and efficiency generally.

The first Bearer Company organized by the British Army was made up from a number of men from the regiments of the Transvaal Field Force during the Sekukuni campaign of 1879, by Surgeon-Major James Hector, A.M.D. (Army Medical Department), who commanded the company. The expedition was under the command of General Sir Garnet Wolseley.

The Army Corps is distributed by the general officer commanding, part of it as field units which, of course, are mobile, and part as lines of communication units, whose functions are the maintenance of these lines of communication, and protection against attack; the forwarding of supplies, drafts, remounts, transfer of sick and wounded, and all the thousand details of the requirements of an army in the field. For the medical care of these two portions of the army it is evident that similar arrangements will not do. As regards the mobile field units, mobility is an essential. Their usefulness to the general is destroyed if they are to be hampered by the presence of sick or wounded men, to say nothing of the ill effect on the morale of the force of the presence of such men. Accordingly, we find that with the field army the medical units are mobile, and these are, in addition to the regimental medical establish-

ment, cavalry field ambulances and field ambulances, distributed in the following proportion:

Cavalry field ambulances—	
To each cavalry brigade	4
To army troops	2
Total	6
Field ambulances—	
3 to each infantry division, i.e., 1 to each infantry brigade, 6 infantry divisions	18
Army troops	2
Total	20

Returning to our lines of communication units, being less mobile they are stationed, sometimes for months without change, at posts, depots and bases. The medical units for service with these troops, and to take care of the sick and wounded who are passing down from the front, include the following:

Clearing hospitals, stationary hospitals, general hospitals, convalescent depots, ambulance trains, hospital ships, advanced depots medical stores and base depots medical stores. To these must be added the new sanitary companies, sections and squads of the latest establishments.

The duties of the officer who is to properly fill his niche in this scheme may be said to fall under four heads, viz.:

(1) The maintenance of the health of the army.

(2) The treatment of the sick and wounded.

(3) The prompt evacuation of the sick and wounded to the base.

(4) The proper maintenance of medical supplies and stores.

For the efficient carrying out of these duties the medical officer must be a well-disciplined soldier with a capacity for detail, tact in his relations with the other branches of the service, both combatant and administrative, and skilled in the control and disciplining of the men of his own corps. Furthermore, it takes little experience of war to appreciate the enormous strain thrown upon the organization by the outbreak of war. The duties of the medical officer in peace when sickness occurs (which it does in even a less proportion among his prospective patients than in a civilian population, because the army is made up of men, young and healthy) differ very widely from those imposed upon him when wearying marches and nights of exposure are followed up by the disasters of even a well-won battle.

The field of war from the medical officer's point of view is usually divided into three more or less overlapping zones, as follows:

The field of actual operations, in which casualties may occur. This

is known as the collecting zone, and is occupied by the field army with its cavalry ambulances and field ambulances, and regimental medical details, the mobile medical units already referred to.

2. More or less overlapping this zone, and reaching back over a varying distance to include the greater part of the lines of communication, which may be several hundred miles in length, is the evacuating zone, over which the wounded and sick, when collected, must be transferred to the third zone. The medical units in the second, or evacuating zone, include the clearing hospital, whose function is implied by its name (the sorting out of sick and wounded, the slightly wounded to be returned to service at the front within two or three weeks), and one or more ambulance trains.

3. The third zone is the distributing zone, in which the wounded and sick convalesce, and are again returned to the front for service, or invalided home as the wreckage of war.

In this third zone are normally found (a) one or more stationary hospitals, usually kept well forward on the lines of communication, for the secondary treatment of the seriously wounded, and of the slightly wounded who are likely soon to be returnable to duty at the front; (b) one or more convalescent depots, in which the over-fatigued and those suffering from slight ailments, the result of recent battle or the hardships of the campaign, or who have been crowded out of the hospitals to make room for more needy cases from the front, may rest; (c) general hospitals, which are very large establishments, 520 beds or more, with apparatus and equipment, and skilled physicans and surgeons, the whole quite equal to any modern, well equipped city hospital in civil life.

Chart Talk Was Given Here

It is worth noting that in proportion to their numbers there are more Victoria Crosses held by medical officers than by any other service. This, of course, is not due to any superior personal qualities, but to the peculiar nature and hazards of their calling, particularly in the rendering of first aid under fire.

The work of the military surgeon, however, is not confined to the clinical side. The British army is particular, with its posts and stations over most of the tropical world, has set a pace which the services of France and the United States have emulated with great credit.

Tropical medicine is a well recognized department of modern medical science, and the leaders in it have been men most of whom are still alive, and whose names are honored in every scientific circle the world over. Among these we may remind ourselves of Sir David Bruce, whose investigations abolished Malta fever; Sir William Leishman, at present Professor of Pathology in the Royal Army Medical College in Lon-

don, England; Sir Ronald Ross, of the Indian Medical Service, whose great work was in connection with the part played by the mosquito in the spread of malaria and yellow fever.

These, and many others of almost equal fame, are still with us.

A name as honored as theirs in the French service is that of Laveran, who, during his tour of duty in Algeria, did the work in connection with malaria which made possible the work of Ross and his associates in later years.

In the United States medical service perhaps the most famous name is that of Beaumont, who served as a regimental surgeon during the war of 1812-15; was present at Plattsburg in the East, served here in Toronto when the American forces burned the village (as it was at that time), and left a graphic account of his 36 hours' "cutting and slashing without rest or food" after the explosion of the magazine which mangled and maimed at least 300 of the troops for which he had to care.

In the isolation of a little United States post at Mackinaw, his classical observations on digestion, the first authentic information on the subject given to the world, were made with a patience and accuracy which amazed and delighted the scientists of France, Germany, Britain and the whole medical world.

To come to more modern days we have the spectacle of the Panama Canal and its construction made possible by the United States Army Medical Service of to-day, after thousands of lives and millions of dollars of treasure had been expended by the French under De Lesseps, in a vain effort to carry the project to completion.

It is to a body such as this, and particularly to the British branch of it, that we, as medical officers and nursing sisters, are proud to belong. (Applause.)

The President: On behalf of the Association I wish to thank you for coming here to-night. We realize that your duties are much added to at this time.

Are there any questions the Nurses would like to ask Dr. Fotheringham with regard to his address, or any point upon which you would like information?

Miss Crosby: One thing that, perhaps, we would like to have some information about is: We know a number of nurses in England are trained to do military service, and I don't just understand what the training consists of. When they go to the front, they are capable of riding in the saddle all day, and doing work of that sort.

Col. Fotheringham: There are two ways in which ladies can assist in war in an organized capacity. One is through the medium of the Red Cross and the other is through the proper military channel. The Red Cross is another product of the Geneva Convention. It is a Gov-

ernment institution, but it is a civilian organization altogether. Under the British scheme there are a lot which are manned entirely by the Red Cross and Ambulance people, organized under what is known as a voluntary committee scheme. Where bodies like the Red Cross in the United States undertake to give assistance in the war, they go their own gait. They will send what they call a hospital. This is very good, of course, but its establishment is probably of their own making. Once they have organized the unit it is taken over as a military concern.

Britain has always faced the prospect of an invasion. You all know that it is only about twice as far as from here to Niagara-on-the-Lake to cover the distance between Calais and Dover. The possibility of invasion is always before them.

They have organized in civil life their voluntary aid societies on a very extensive scale. A hospital like this in Great Britain would have for its head of service a colonel, major and junior assistants, with honorary rank. The minute war is declared, that hospital is taken over as a going concern.

Report of recent enrollments of Ontario nurses:

The President: We are pleased to hear that 246 nurses have volunteered to go to the front.

Member: Two thousand volunteered altogether.

Miss Gunn: I think a good many names were sent in from nurses who were not eligible. The requirements are very strict. A great many were not accepted because of being over the age limit.

I don't know that the Militia Department at Ottawa would probably investigate as much as we would about a nurse's training. A three years' diploma would represent a good nurse, whereas a good many nurses have come from England and stated they were trained nurses, and when they produced their diplomas they were midwives, or had taken a partial training. They were not eligible for enlistment. I have not kept track of the number of volunteers. I think I would have 2,000 myself.

With regard to the London District I would like to say that Miss Stanley had a very difficult time. She went to Military Headquarters, and apparently the colonel in charge did not take kindly to her, so she didn't make much headway. Col. Jones, in a letter to me, said that he had notified all the Medical Divisions throughout Canada that the Canadian National Association would enroll the nurses. The captain in London apparently did not receive that notification. He told Miss Stanley he had no official notification, and she could not do anything at all in London. The nurses enrolled at Military Headquarters and not through the Canadian National Association. I don't think I have one nurse from London on the list of nurses vouched for by the Association. Miss Stanley was unable to keep track of London because this

captain would not take the application from her, but had the nurses enroll directly through him.

Miss Crosby: I can only speak of the part the nurses of Toronto took in the work. First, we were asked to assist in contributing to the fund for the Hospital Ship. The women of Toronto undertook to raise a large proportion of the sum necessary for that ship, and the nurses felt that they must have a share. We convened in this room and decided that we would make $1,000 our objective. We set to work with a will and were fortunate enough to raise $1,350, and I was very happy as treasurer of that fund to hand that amount over from the nurses of Toronto to the Canadian Women's Hospital Ship Fund.

Then later there was a call for assistance for the Red Cross work, and again the nurses convened to see what should be their part in the contribution to this work. Supplies for the hospital were wanted, and also some assistance for our own soldiers at Valcartier. The nurses thought they could undertake the making of some 300 hospital nightshirts. Our meeting convened on Monday night, and we had to have them ready by Saturday, because all had to be sent to headquarters at the Women's Patriotic League on Monday, to be shipped from the city on Tuesday. The nurses got busy and far exceeded what we had set out to do. We contributed 540 nightshirts for the hospital, and 100 pairs of wristlets, and a number of comforters and other things. For these supplies the nurses had to raise a further sum of $250.

This gives you some idea of the part the nurses of Toronto have played in establishing the Women's Canadian Hospital Ship, in helping to equip that hospital and in helping to provide for our own soldiers at Valcartier. (Applause.)

Mrs. Forsyth Grant: Might I say as a visitor to Headquarters that those nightshirts were greatly admired. I heard universal expressions of admiration when I went into the room. The whole half of the room seemed to be stored, from the floor to the ceiling, with the nightshirts given by the nurses.

The President: That certainly is a splendid account. I don't see how you could possibly do that work in such a short time.

Miss Crosby: All those nightshirts were cut out in the Toronto General Hospital. They were distributed to the nurses throughout the city and to the Club.

The President: Is there anyone here who could give us an account of what the nurses are doing in other places?

Miss Dixon: Our nurses were mostly out of town, and those that were in town worked in with the city. We didn't work as an Association.

"Rural Nursing," Miss A. G. Touche, R.N., Superintendent of the Victorian Order of Nurses, Toronto.

"The Training of Nurses for Rural Nursing," Miss Annie MacKay,

R.N., Superintendent of Visiting Nurses' Association, Newark, N.J.

Miss MacKay: Until the last few years the visiting nursing in the United States was not organized. They had nothing like our Victorian Order or the British Jubilee Nurses, but for some years past they have had abroad a feeling that they would like to get an organized plan. They had, of course, visiting associations, but they had no regular system, and nothing at all national, but very recently the Red Cross decided to take up this subject of Rural Visiting Nursing.

When the Red Cross decided to start this work it found it was a very hard matter to get nurses who were adequately trained for that work. We all know it is very hard to get people to go out into the country, and also very difficult to get people who would make a success of rural work. The rural work includes small towns and cities as well as the actual country. They finally arranged a course for rural visiting work in connection with Columbia University. They are very fortunate in that University in having a Department of Nursing and Health. This course is very valuable and comprehensive. The nurses' afternoons are devoted to lectures. The remainder of the time is spent in field work in the Hunter Street Settlement. At first they take in all branches of public health nursing. They spend a certain amount of time with the tuberculosis nurses, the school nurses, the public hygiene nurses—with all the different sections, and their name is legion—and in addition to that they are sent out into the country to do visiting work.

They have one rural organization at Westchester County, which is a wonderfully well organized Nursing Association. It takes in a whole county. They have a central administration, and then, of course, the nurses in the other visiting societies are sent out and manage their own affairs to a certain extent, but they are all directed from this centre, and the work has been very successful. It was started by a nurse who took up the work there on her own account, a Miss Wade. Her sister went to the Spanish war and intended taking up the work on her return, but she died, and the work was taken up by Miss Wade as a kind of memorial.

I have brought a list of the lectures. It does not cover all, but it gives an idea of the kind of work the students are taking up. This is simply the rural work. They also take up all kinds of social work. They put in a certain time on the operation of Associated Charities, and while they are taking up their work in Hunter Street Settlement, at noon they read certain books, such as "Trail of the Immigrant," and advance books, a great many books on social work, apart from what they are getting at the College. Here are some of the lectures:

The Rural Life Problems; Four Stages of Rural Development; The Rural Population; Problems of Water and Food Supply; Disposal of

Waste in the Country; Air Conditioning and Health; The Rural Social Man; The Village and Open Country; Spread and Prevention of Incurable Diseases; Rural Education, etc., etc.

Each nurse who is sent into the country is supposed to be a School Nurse, a Tuberculosis Nurse, a Sanitary Inspector, and in addition to be interested in every plan of social betterment and keep in touch with all the agencies for the well-being of that community.

I should like to speak of the National Organization for Public Health Nursing. It is doing a very great deal for nurses. Of course, I have not given any adequate idea of what that course means. It is hard, as you all know, to tell what is being accomplished. I brought a list of the books, if any of you would like to see them afterwards. The course is not well developed yet, as it is only of very recent origin. No certificate of any kind is given. I think, probably, they will do so a little later. The Organization has a library at Washington, which is rather a unique thing. It is for the use of the Rural Red Cross Nurses. The regulations are that, in regard to borrowing books, the Association in Washington bears the expense of sending the volume, but it is returned to Washington at the borrower's expense. I suppose they are books bearing on social work.

There is a great awakening in the United States touching visiting nurses. We, as nurses, are altogether too apt to feel we know pretty much everything to be known. I find that there are a great many things that, after all, we don't know. I know it is a general feeling among nurses (those who applied to me, anyway) that because they have trained in hospitals they know all about visiting nursing, and it is not necessary for them to have instruction. There is the list which they have to study in that course.

I do not think the Americans organized the visiting work as soon as you did here, but with characteristic Yankee energy they are outstripping us in many ways. I think, perhaps, what started them to think of it more than anything else was their connection with the large business concern, the Metropolitan Insurance Co. It was suggested to the company that it would be a good plan for them to inaugurate a system of nursing in connection with their policyholders. I think, perhaps, the connection with the Metropolitan Insurance Co. was the immediate cause of the starting of this National Organization of Public Health Nursing. It certainly is an organization that is doing more, I think, to raise the standards of nursing in general than almost anything else. After they had started this work, they found that the Metropolitan Insurance Company in the rural and outlying districts was employing women who were not graduates at all, and in recent years there has been a great rush for starting visiting nurses' associations. Every town and city wants a visiting nurse, and often the women of

the committee in charge know very little about nursing, and any woman who came claiming to be a nurse was not questioned very closely.

The nursing profession began to realize that it was detrimental to the profession. At the Chicago Convention it was decided to send out circulars to all those engaged in visiting nursing. A great many nurses from Canada were there, and this organization called the Association for Public Health Nursing was organized. They took some time to decide about the name, because they wanted to take in all kinds of nursing. There were educational, factory, tuberculosis nurses and nursing in large departmental stores. Since that organization has been started it has become quite widespread. They take into the organization not only nurses who are doing the actual nursing, but it may be a Board of Health, a Visiting Nurses' Association, a School, or a Board of Education, or whatever body is employing that nurse. The Metropolitan Life Insurance Co., for instance, is represented on the Board of the National Organization.

Any organization that is a member of that National Organization must come up to the standard of the National Organization. Seventy-five per cent. of their nurses must be eligible for membership in that Association. Nurses must be registered, if registration obtains in the State in which they live. You must be a graduate of a hospital of at least 50 beds, giving a course in all branches of medicine and surgery—a three years' course—and they also require certain preliminary educational advantages, I think one year of high school, or its equivalent. You can see what a tremendous effect that has in raising the standard of nursing. The Metropolitan Insurance Co., which in the United States has a very widespread influence, where there is a Visiting Nurses' Association, employs a nurse belonging to that Association, where there is not, it sends a nurse. Now, every nurse sent out by the Metropolitan must be a member of the National Organization of Public Health, and in a very short time a great many other organizations will follow suit. The nurses sent out to the country must be members of the Red Cross. They set as high a standard as the National Organization. It has affected nursing in every way.

Circulars were sent out a very short time ago, asking that the State Nurses' Association organize a State Organization for Public Health Nursing.

All this helps to draw nurses into organizations, for nurses must belong to an Alumnae Association or the State Nursing Association. In that way it helps to keep them interested in keeping up the standards of nursing. In the States they are striving to place nursing on the same foundation as all other education. There will probably be a standard of education under the Board of Education. Hospitals will

be efficiently supervised, and there will be no exploitation of nurses. They go exactly as students go to any other institution of learning, to do the work of the hospital, but it will be seen that they get the education for which they go, and this National Organization for Public Health Nursing is certainly going to have a tremendous influence in bringing nursing education to a much higher level. (Applause.)

The President: We have enjoyed the address very much. We also appreciate the sacrifice you made in coming to us to-night.

That finishes our programme for the evening, but we have a little business left from this afternoon.

Report from Hamilton Chapter read.

The President: Under our new by-laws which were passed this afternoon, we have to appoint a Nominating Committee to make arrangements for the election of directors for next year.

I believe the President chooses the Convener. I will ask Miss Christie if she will kindly take the Convenership of the Nominating Committee for the next year.

Miss Christie: I have four names of those who have kindly consented to act, Miss Mitchell, Miss Stewart, Miss Charters and Miss Jackson.

The President: We want to make some arrangement to-night, or discuss for a few minutes the time and place of our Annual Meeting next year. We have usually held it about the 24th of May, to get the reduced rates, but this year we changed it. We have an invitation to go to Kingston next year. Has anyone anything to say with regard to the place of meeting? We were asked to go to Peterboro a year ago, but did not accept on account of the disarrangement in the Association. It was thought best to hold it in Toronto.

Miss Dyke: I think we are still in doubt as to whether the International Congress will be held in San Francisco, and that may alter the plans of the Canadian nurses. I would ask that the time and place of meeting be left in the hands of the Executive, to decide when it is possible.

Seconded by Miss Jamieson. (Carried.)

Moved by Miss Robinson, seconded by Miss Mitchell, that the Committee on the Revision of the Constitution and By-laws be asked to complete the work arising from changes in the By-laws, and to notify the Alumnae Associations throughout the Province of the required changes in their organization. (Carried.)

Miss Crosby moved a vote of thanks to the Toronto General Hospital and the different speakers, which was seconded by Miss Stewart and carried unanimously by a standing vote.

The meeting adjourned at 10 o'clock p.m.

REPORT

The Standing Committee on Revision of Constitution and By-laws appointed for 1914 is as follows:

Miss Gunn, Toronto General, Toronto; Miss Potts, Hospital for Sick Children, Toronto; Miss Dyke, Department of Health, Toronto; Miss Deyman, 137 Catherine street north, Hamilton; Miss Smith, Babies' Dispensary, Hamilton.

The committee met in August and several amendments were suggested in the Constitution and By-laws, which would meet the requirements of the various Chapters, and form a working basis for these Chapters, but it was found, on consulting the firm of lawyers of the Association, that as the Society is incorporated, it was not possible to make any change in the charter without applying to the Provincial Legislature, which step did not seem necessary, as the original charter was found to adequately provide for all needed changes. Therefore, the By-laws were amended and the charter remained as the Constitution.

This new Constitution and By-laws was fully discussed at the annual meeting and adopted as follows:

Changes are given on page 778.

The committee met in Hamilton September 26th, and outlined circular letters to be sent to individual members, to Hospital Superintendents who were asked to forward the letter to the secretary of the Alumnae, if such an association had been formed, and who were also asked to use their influence among the nurses of their district toward the forming of a local Chapter of the G.N.A.O. Letters were also sent to the various other nursing organizations other than Alumnae, already in existence in the Province, re affiliation.

HELEN N. W. SMITH.

Editorial

CHRISTMAS

This Christmas season will be celebrated with a chastened joy and with much of sadness. This is inevitable, for we cannot forget the awful suffering of those who are so bravely fighting for our freedom and liberty, for all that we hold dear. In so many homes the light has gone out, for a loved member has given his life in defence of his country. And yet all this sorrow and suffering and distress may serve to bring us back nearer to the real spirit of Christmas—"It is more blessed to give than to receive."

Our prayers follow the Nurses who have gone to the front to do their part in helping to assuage suffering and relieve distress, that their work may be all that it should be.

But the work of the Nurses at home is not less necessary, no less patriotic, no less noble, and should be no less in our thoughts, too. Many more would have been at the front, if necessary, and stand ready to go, if called. The service rendered quietly, in the ordinary routine, may be just as far-reaching in its effectiveness, and confers just as great a blessing on giver and recipient as the service rendered more publicly under the country's eye.

For our readers we wish the best that this season can give, for our lives must reflect the life and spirit of Him whose coming we celebrate if our own characters are to develop in the best and truest way and our service is to in any measure be the help and benefit that we desire.

THE REPORT

The report of the Annual Meeting of the Graduate Nurses' Association of Ontario, given in this number, will be read with interest, not only by the Nurses of Ontario, but by the Nurses of the other provinces. The changes that have been made in the By-Laws are so radical, making them so entirely different to those previously in operation, and to those of any of the other Provincial Associations, that the working out of the new By-Laws will be watched with interest.

A complete change in plans and procedure often stimulates to new growth and greater activity and usefulness. The Graduate Nurses' Association of Ontario is hoping that this will be the outcome,

not only for itself but for the Alumnae Associations of the province.

The revision of the By-Laws left much less time than usual for papers and discussions, but those that were given were full of interest, and should prove profitable.

Miss Dickson's paper discussed a subject of live interest to Nurses everywhere, and she speaks with the backing of years of experience in this work. Her counsel, therefore, should be especially helpful.

Miss MacKay's subject, too, was one of live interest, and her own enthusiasm in the work could not but stimulate the enthusiasm of other workers in this department.

Miss Touche's paper was very interesting, but we regret that we were unable to embody it in this report, as she had destroyed it.

Dr. Fotheringham's address was listened to with keen interest, and the illumination given to the whole subject of Military Nursing was very grateful, for now we can follow intelligently the work of the Nurses at the front. We regret that our readers could not have the benefit of the chart talk, which demonstrated so clearly the plans of procedure of the Medical and Nursing Service on the battlefield.

The appended report of the Committee on Revision of Constitution and By-Laws was not presented at the Annual Meeting, but was handed in for inclusion in this report.

Correspondents are reminded that all communications should be accompanied by name and address of writer. Otherwise no cognizance can be taken of them.

The Guild of Saint Barnabas

The monthly meeting of the Montreal Branch of the Guild was held in the Church of St. John the Evangelist, on Tuesday, October 21st, at 8.15 p.m.

Present: The Chaplain; the Rev. L. W. Smith; the Secretary; the Organist; 2 honorary members; 13 members; 1 associate, and 1 member of English Branch.

The Office was said by the Rev. L. W. Smith, and the Chaplain gave a short address, taking for his subject the opening words of the Prayer for the fruits of the Holy Ghost, from the Guild Office: "O Holy Spirit, Eternal Love of the Father and of the Son, grant us to taste the sweetness of Thy loving kindness." Miss F. M. Shaw was then presented to the Chaplain as being the choice of the members to succeed Miss Stikeman, and was duly installed as Superior of the Montreal Branch, she promising to do her best to keep the rules of the Guild and to endeavor to carry it on according to its Constitution and By-Laws. After Prayers for the new Superior, the meeting adjourned to the Guild room, where tea was served.

Notice was given by the Superior that the Chaplain had made arrangements to start again the monthly celebrations at the two large hospitals, i.e., at the M.G.H. on the first Tuesday in the month, and at the R.V.H. on the last Tuesday. She also announced that it had been arranged to resume afternoon meetings, which will give those members who cannot come in the evening a chance of attending. These afternoon meetings will be held in St. John's Parish House, 91 Ontario Street West, on the second Tuesday in each month, at 3.30 p.m., and at 4.30 (after tea) the meeting will adjourn to the Church, where the Guild Office will be said. The evening meetings will be held as usual on the third Tuesday.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319. 517 St. Catherine St. West.

Miss Phillips' many friends will be glad to know she is progressing favorably towards recovery, and expects to leave the hospital shortly.

Miss R. Moffatt has recovered from her serious illness.

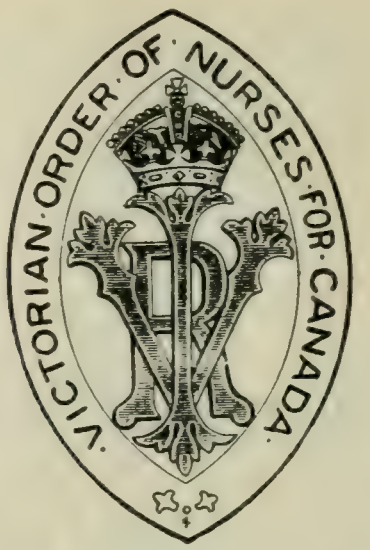
Miss Pelletier is the first of the Montreal Nurses to go to the front. She went over with the first contingent.

The monthly meeting of the Canadian Nurses' Association was held on Tuesday evening, November 3rd, when Doctor Turner delivered a most interesting and instructive illustrated lecture on "A Trip Through the Balkans."

He described the country, the people, their character, and customs very well, showing what dangerous opponents they made—especially the Tyrolese, who were mountaineers, and good hunters, and knew that part of the country so thoroughly.

The Germans he described as a patient race, willing to wait any time to accomplish what they undertake.

The first meeting of the Red Cross Group was held in the reading room on Thursday afternoon. A large number turned out for work, and many took bandages and dressings home to be made up.



The railroad is a wonderful civilizer. Each year, as we journey Westward, we find obstacles removed, and trips which were more or less dangerous, long and tedious, made comparatively safe, short and pleasant by new lines of railway.

Not many years ago the Cariboo Country was accessible only by means of pack-horses or the lumbering stage; then, gradually, the automobile was requisitioned. This led to an improvement in the old Yale-Cariboo Trail. Steamboats were out on the Fraser—one in 1910, one in 1912—to be run in connection with the motors. These boats ran from Soda Creek, 168 miles north of Ashcroft, to Quesnel, 220 miles north, and latterly to Fort George, distant from Quesnel 98 miles. Often the water was too low for the boats to run. So, only one year ago, the trip to Fort George was difficult in the extreme. But, the G.T.P. was a-building; so, this year, out from Edmonton we went—good roadbed, comfortable electric-lighted berths, dining and observation cars—and reached Prince George, rested, in twenty-two hours. On the road we passed the famed Mount Robson, 13,700 feet high—the highest peak in the Canadian Rockies. It is very beautiful, and the passengers have an opportunity to view it from many angles, as the train keeps it in sight for a long time. It is very interesting to see all the new towns along the G.T.P. in the making. Every one seems so hopeful and contented in the midst of hard work and all kinds of hardships.

Prince George, Fort George, and South Fort George are three towns all within a radius of three miles. Prince George is the central town and, being the railroad town, will most likely be the chief one, but, meantime, things are not yet settled. They may be incorporated as one town, though the area is too large for an ideal townsite.

Fort George has been the scene of many a disappointment, but it

is a bright little town, with some very good public buildings, and some of the private residences are most picturesque.

From Fort George, we had a very interesting trip down to Quesnel on the gasoline launch, "The Viper." "The Viper" is small, but she can do wonderful things. Someone described her as "Just a hull with an engine inside." There is the steering gear, the little gasoline stove with two burners, on which the "boy" makes all kinds of tasty messes for us to enjoy as we motor along. Then there is a folding pine table, which fits closely to the craft's side, a space for baggage, boxes of gasoline, and the engine; and in the bow, pillows and blankets. In lockers along the sides are kept the food supplies. "Multum in Parvo" would be a really good name for the little craft.

When we arrived a little ahead of time at the slips, the "boy" was busy getting things ready for the trip, polishing the chimneys, filling lanterns, etc., so we settled down on a comfortable chair, formed of gasoline boxes and shawls, and watched the other passengers arrive, the mail bags and the baggage, which was hauled, pushed and pulled and finally slid down the single slippery plank that served as gangplank. Then the order was given, and away we sped, leaving Fort George far behind us.

The day was warm and beautiful, so we kept up the awnings and had a good view of the shore as we skimmed along. The Fraser is a wonderfully beautiful river, with its windings, its rapids and its canyons. It was all so interesting, that it seemed no time before we saw the row of lights of Quesnel, and the trip on "The Viper" was over. The only mishap was the loss of the captain's tie, which blew off, a patch of blue on the landscape for a moment.

To vary things, we decided to return overland by motor to Fort George. This motor trip was an experience. The roads are not too good—just new roads through the woods—and though some patching has been done and little bridges built, there is much left undone and the mud-holes are bad.

We came on a chauffeur lighting a fire by the roadside, where his party had decided to spend the night. To his inquiry if we had passed a Ford car, our driver replied "No," when one of our party called: "Unless it was down one of those mudholes." A little farther along we saw a flash, and there in the glare of our lamps two bedraggled creatures, a man and a woman, appeared. Their car, the Ford, had got stuck in a mudhole—no reflections on the Ford car, at all!—and they had walked some three miles and were making for a house some seven miles off. However, we took them back to the car, pulled it out, and sent them on their way rejoicing.

The holes were only here and there, and as we approached Fort George the roads became better. The country we went through was

ideal—the beautiful virgin forest with the holy stillness, broken now and again by the twitter of a bird, the hammering of a woodpecker, the swish of a prairie-chicken, the bound of a rabbit, or the merry little notes of a squirrel.

The combination trip—train, boat, and motor—is certainly an improvement on the all-motor trip of other years. The railroad truly is a great civilizer.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 206 Spadina Avenue, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

HOSPITALS AND NURSES.

British Columbia

The graduation exercises of the Class of 1914 of Vancouver General Hospital Training School for Nurses were held on October 10th, in the new Administration Building of the Hospital. Mr. J. J. Banfield, Chairman, gave, in his address, statistics showing the progress the School had made. Ten years ago there were 19 nurses, now there are 130. Hon. Dr. Young gave an address. The diplomas were presented by Mayor Baxter. Mrs. Young presented the medals.

The gold medal for general proficiency, given by Dr. R. E. McKechnie, was won by Miss Jewel Sigsworth, and was presented by Hon. Dr. Young. During the ceremonies Miss Large sang Tosti's "Good-Bye." A reception was held from four to six. The members of the graduating class are Misses Olla Bentley, Minnie Lisk, Bertha Youdall, Elizabeth Clarke, Violet Bate, Eleanor Hopkins, Alice Sharpe, Alice Culham, Gladys McLean, Cecilia Gibson, Edith Hibbs, Mora Glass, Margaret Oliver, Elinor Wade, Kathleen Huntley, Edna Taylor, Jewel Sigsworth and Mary Milne.

Miss E. L. Craig, V.G.H., '06, has been granted leave of absence from Palama Settlement, Honolulu, to head a party of four Graduate Nurses that have been sent by the people of Honolulu to the Red Cross Society in London, England, for service at the front.

At a meeting of the Women's Auxiliary of the Royal Columbian Hospital held on October 10th, it was decided to buy all linen to be

used at the hospital in New Westminster and to call for tenders for the linen supply for the next year.

Miss Cecily Galt, daughter of Mr. Justice Galt, is one of the Canadian nurses who are accompanying the Canadian contingent to England.

Dr. and Mrs. A. S. Munro entertained the members of the graduating class of 1914 of the Vancouver General Hospital and a number of their friends at a most delightful little dance at their home on Shaughnessy Heights on the evening of October 10th.

Saskatchewan

The graduate nurses in Regina meet once a week at the home of the President, Mrs. J. A. Westman, to sew for poor families. Since beginning this work in September, three families have been completely fitted out with clothing. Beside this, the nurses contribute to a fund for providing food for at least one family. During September one family was supplied with nourishing food until the father got work, then another family was taken over. The mother in this case was approaching confinement, and the father out of work. The Association will provide for this family until the mother is able to go back to work again.

The graduating exercises for the class of 1914 of the Medicine Hat General Hospital were held at the Nurses' Home on June 10th. A large number of the friends and patrons of the hospital assembled to do honor to the graduates. The class was unusually small, but the individual work and general proficiency were quite equal to that of any previous years. The graduates are: Misses Ruth Forster, Isobel Nash and Lillian Payne.

The members of the Medicine Hat Association of Graduate Nurses are taking up a course of lectures on surgical and medical work. This is being very much appreciated, everyone realizing how very easy it is to grow "rusty." A very keen interest is being taken in Red Cross work and several of the graduates of the city have volunteered for war service.

Miss Elizabeth MacDougall, M.H.G.H., '13, is doing staff duty in the hospital at Fernie, B.C.

Miss Ruth Forster and Miss Isobel Nash, both of the class of 1914, Medicine Hat General Hospital, have accepted positions on the staff of the hospital in Red Deer, Alta.

Miss Edna Stewart, M.H.G.H., '13, who has been on the staff of the Fernie Hospital, is spending a holiday with her sister in Lumsden, Sask.

Miss Margaret West, charge nurse at the City of Medicine Hat Isolation Hospital, has returned from a holiday spent in Quebec with her sister, Miss Florence West, who left with the first contingent and

is now in England. Miss West was, until June of this year, in charge of the Maternity Building of the Medicine Hat General Hospital.

Mr. and Mrs. Beeton paid a short visit to Medicine Hat en route to China, where both will engage in mission work. Mrs. Beeton was formerly Miss Boston, class '10, M.H.G.H.

Miss Lillian Ford, of the staff of the Medicine Hat General Hospital, is in Winnipeg doing district and social service work, with a view of doing work in that department of the General Hospital on her return.

Manitoba

Miss Frederica Wilson, for several years Superintendent of Nurses of the Winnipeg General Hospital, is spending the winter at Whonnock, B.C. It will be remembered that her resignation from the Winnipeg General Hospital took effect in June, and en route to the coast she paid short visits to several of the hospitals in the West, and the many graduates in these hospitals who trained under Miss Wilson were delighted to welcome her.

Among the Western Superintendents who are graduates of the Winnipeg General Hospital are: Miss Turner, '08, at Regina; Miss Macey, '08, at Maple Creek; Miss Hicks, '11, at Weyburn; Miss Winslow, '09, at Medicine Hat; Miss White, '10, at Fernie, B.C.; Miss Matheson, '99, at Revelstoke, B.C.; Miss Loucks, '12, at Kamloops, B.C.; Miss Kidd, '07, at Nelson, B.C., as well as many others who are doing institutional and private work throughout the provinces.

Miss Jean Matheson, Superintendent of Nurses of the Revelstoke, B.C., Hospital, visited friends in Winnipeg during October.

The five nurses who left Manitoba for active service were: Sister Edith Hudson, Misses Alfreeda Attrill, Cecily Galt, Katherine Isobel Scoble, Charlotte Younghusband. Sister Hudson and Miss Attrill are members of the M.A.G.N. Sister Hudson was doing Victorian Order work, and Miss Attrill was one of the city Welfare Nurses.

Miss Priscilla Smith has accepted a position on the staff of the Associated Charities. Miss Smith is a graduate of Toronto General Hospital, and is well-known to social workers in Winnipeg, having been Superintendent of the Methodist Deaconess Home here for four years.

The Metropolitan Life Insurance nursing has been taken over by the Victorian Order. Previously this work had been done by a non-graduate.

Miss Kirke, who has been a staff nurse in the Children's Hospital, has been appointed to fill the vacancy caused by Miss Attrill's departure for England.

The first examination for nurses, set by the University of Mani-

toba, was held in September. There were fifty-nine candidates, and all were successful, excepting seven, who failed in one subject.

Miss Wilson, late Superintendent of Nurses, Winnipeg General Hospital, is spending the winter with her sister in British Columbia. Miss Mabel Gray is Miss Wilson's successor, and Miss Isabel Laidlaw, late Superintendent of Dauphin Hospital, is her assistant.

Miss Pentland has resigned as Superintendent of the Children's Hospital, Winnipeg. Her successor is Miss Doll, former assistant.

Miss Blachmar, Superintendent of the King George Isolation Hospital, has intimated that she is willing to give post graduate work to any nurses of good standing who are willing to avail themselves of the opportunity.

The Manitoba Association of Graduate Nurses has given thirty pair of blankets to the soldiers at the front.

Ontario

Hamilton: In the last issue an omission was made in regard to Miss Barbara Simpson's appointment. It should have read—Miss B. Simpson, Matron Superintendent of the Margaret Cox Distributing School for Girls, Peterboro, Ont.

Miss Lewella Hannah has resigned as Nurse in Charge of the Essex County Tuberculosis Hospital, to accept a position in the Municipal Hospital, Prince Albert, Sask.

Miss Sarnman has been appointed one of the nurses on the tuberculosis staff of the Health Department, Cleveland, Ohio.

Miss Florence Nichol, graduate of Hamilton City Hospital, whose home is in Paris, Ont., has gone as military nurse with the first Canadian contingent.

The regular monthly meeting of H.C.H. Alumnae, was held November 3rd, in "The Residence." The principal business was the changing of the constitution to make it agree with the constitution of the Graduate Nurses' Association of Ontario, which means that each member of the H.C.H. Alumnae will pay as her annual fee $1.50, this amount being sufficient for membership in both Associations. This met with unanimous approval.

A committee was formed of the following: Misses Dunlop, A. Kerr, and E. Aitken, to arrange the ballot forms for election of officers for 1915.

Miss A. Carscallen, Treasurer, was re-elected by acclamation.

At the conclusion of the meeting afternoon tea was kindly served by Miss Madden, who also read a very interesting letter written by Miss Sampson on board the "Franconia," in which the writer mentioned that the nurses were given lectures each day, also taught signaling in the gymnasium. One day the nurses helped to resuscitate a

man who had fallen overboard from one of the other vessels. In a more recent letter written from the hospital, Miss Sampson states that we can form no idea of the horrors of the war, judging from reports by patients. In London the national anthem sounds more like a funeral hymn.

The Sisters of St. Joseph of the Roman Catholic Episcopal Corporation of London, have purchased the residence of John Farley, K.C., at St. Thomas, and will remodel it for a hospital.

Collingwood: Miss Frances Collins, class 1914, has recently gone to Sudbury to take up private nursing.

Miss Mary Robinson, late Assistant Superintendent of the G.V.M. Hospital, has accepted the position of Superintendent of the Midland Hospital.

Miss M. Y. E. Morton, Superintendent of the G.V.M. Hospital, spent a few days at her home in Bradford.

This season's first Alumnae meeting was held at St. Michael's Hospital, October 6th. All of last year's graduating class were received into membership. The Sisters generously gave dainty refreshments at the close, the table looking very pretty with American Beauty roses.

Sincere sympathy is extended to Miss Mary Boyle (St. Michael's Hospital) on the recent death of her sister.

The nurses of St. Michael's Hospital, both graduate and pupils, held a very successful masquerade on Hallowe'en. The hall was appropriately decorated. The earlier part of the evening was devoted to various games, patriotic music and choruses, after which dancing was indulged in, bringing a heartily enjoyed evening to a close.

The first regular meeting for this season of the Ottawa Graduate Nurses' Association, was held at the new club house, 93 Fourth avenue, on Wednesday, October 14th. Miss Grace Moore, the President, presided, and a large number of nurses were present.

The question of providing a benefit fund for the members of the Association was brought before the meeting. Several nurses took part in the discussion which followed, but nothing definite was arrived at, and the decision was left over till the November meeting.

A letter was read from the Secretary of the local Red Cross Society thanking the nurses for the help they had given in the work of the Society in Ottawa. Tea was then served, after which the members were invited to inspect the new club house.

Miss Grace Moore, President of the Ottawa Graduate Nurses' Association, and Miss Reardon, graduate of the Ottawa General Hospital, have gone to Quebec, to take a course at the Military Hospital there, and Miss Kay, graduate of the Lady Stanley Institute, has gone to Halifax to take the course there.

The Toronto Western Hospital Alumnae Association spent the evening of November 6th at the home of Mrs. Valentine, making pneumonia jackets for the Red Cross Society, and decided to hold weekly meetings for a time to assist in making hospital supplies.

The regular monthly meeting of the Central Registry Committee was held at the Club House, 295 Sherbourne street, on Monday, November 2nd, at 3 p.m. In the absence of Miss Mitchell (retiring convener) Miss Wardell occupied the chair. Fourteen members were present. After the business was transacted the election of officers took place, Miss Wardell was appointed Convener, and Miss Letter, Secretary.

Sixteen nurses were accepted in October, and eight at the last meeting, making a total of 528 members.

Miss Weldon, graduate of the Toronto General Hospital, has accepted the position of Superintendent of Nichols Memorial Hospital, Battle Creek, Mich.

We regret the ilness of two of our members, Miss Orem, of the Toronto General, and Miss Mabel Barnard, Mount Sinai Hospital, N.Y. We trust both may have a speedy recovery.

Total calls for October were 282, 161 of which were to the hospitals of the city.

Received in membership fees for the month, $225, and from sale of charts $5.19; expenditure, $178.75; total balance, $1,688.20.

London: The Victoria Hospital Alumnae Association held its monthly meeting Tuesday evening, November 3rd. It was decided that instead of the monthly lectures, the Association would meet every Tuesday evening and devote itself to Red Cross work.

The initial meeting resulted in the making of fifty pneumonia jackets, the gift of the Association.

The fourth annual meeting of the Graduate Nurses' Association of Berlin and Waterloo was held at the B.W. Hospital, on Monday, November 2nd. The President, Mrs. Bilger, was in the chair. There were 18 members and 3 visitors present.

The annual reports were most encouraging.

Throughout the year the attendance at the regular meetings has been exceptionally good.

We have now a total membership of 29, with 13 new members and 5 removals in the year.

A brief resume of the monthly programme may be of interest to other Associations: December, Social evening; January, Business meeting; February, Revision of Constitution and By-laws; March, Talk, "New Ideas in Preparation and Care of Surgical Patients"; April, Literary evening; May, Topic, "Serum-therapy"; June, Talk, "Maternity

Work''; September, Address, ''Infantile Paralysis''; October, Paper, ''To What Extent Does a Nurse's Temperament Influence Her Patient?''; November, Annual Meeting and Election of Officers.

A subscription of $55 was forwarded to the Canadian Women's Hospital Fund, also $20 to the local branch of the Red Cross Association.

Our slogan for the coming year is: ''To Do Good, to Get Good, and to Be Good.''

Officers elected for the new year are: President, Mrs. Bilger (by acclamation); 1st Vice-President, Mrs. Pieper; 2nd Vice-President, Miss Roos; Secretary, Miss Master; Treasurer, Miss Merner.

The monthly meeting of the Graduate Nurses' Association of Thunder Bay District was held in the Nurses' Home, McKellar Hospital, on November 5th, with a fairly good attendance. Dr. C. C. McCullough, specialist, addressed the meeting, giving some very interesting points in the work of a private nurse.

The meeting in December will be the annual meeting for election of officers.

Miss Dolan has been appointed to assist Miss Jones, the School Nurse, while the work is too heavy for one nurse.

Miss Hall and Miss Ryder expect to take up district work, with the Victorian Order, at an early date.

Mr. Alexander, the President, gave each of the class a bouquet of roses. Rev. Geo. Little, B.D., gave a very practical address to the class. The Venerable Archdeacon Davidson, when administering the Hippocratic Oath, asked the class to remember their promises were being made when their country was at war just for the sake of keeping a promise sacred. He then presented the pupils with their diplomas, and Dr. MacKinnon ''pinned on'' the badges. Miss Ella Lyons had the highest marks in the examination, and secured the case of instruments kindly given by the Guelph General Hospital Alumnae Association. Misses Nelson and Morton, Misses Howell and Professor Shilduck rendered great help towards the success of the programme with their splendid singing. After refreshments were served a very delightful dance was held until midnight, when the strains of ''God Save the King'' brought a very enjoyable evening to a close.

The graduating exercises of Guelph General Hospital were held in the Nurses' Home on Friday, October 16th, when six nurses secured their diplomas in the presence of a large and enthusiastic audience. The sitting room was tastefully decorated with red and white (class colors) bunting and flags, while the platform was surrounded with beautiful flowers and palms.

The graduates are: Misses Ella M. Lyons, Marie Black, Etta Benson, Annie M. Morton, Annie H. Henry, and Jessie R. Robertson.

Mr. and Mrs. A. H. Paffard have removed to 57 Poplar Plains Road, the Aura Lee Club having purchased their former home, "Blithewood," in North Toronto.

St. Joseph's Hospital, London, is having a new wing added.

Quebec

The annual meeting of the Alumnae Association of the R.V.H., Montreal, was held on the evening of the 14th of October, in the Nurses' Home.

After the reading of minutes and reports the election of officers was proceeded with. Miss Goodhue was unanimously elected President, with Miss Gilmour 1st Vice-President, Miss Campbell 2nd, and Mrs. Stanley 3rd; Mrs. Roberts, Recording Secretary; Mrs. Ross, Corresponding Secretary.

It was with much regret that Miss Hall's resignation as Treasurer, a position she has most faithfully filled for ten years, was accepted, and Miss Jessie Reid elected in her place. The President made the pleasing announcement that Lord Mount-Stephen had sent the Alumnae Association, for the Sick Benefit Fund, the handsome donation of five thousand dollars. After the business of the meeting was finished Miss Bryce, who was in Paris when the war broke out, gave a most interesting account of her trials before she, with her friends, reached London. Then Mrs. MacKay (Miss Crowell) told most graphically of her still more serious difficulties and adventures in getting from Austria, where she was with a patient at the commencement of the troubles, to London. Arrested and searched twice, and detained three weeks in Munich, as she could not get passport or train to leave, her experiences were most unpleasant and alarming, as by that time the feeling in Germany was very hostile to the British. Finally she managed to reach Holland on a train made up for Americans, and, crossing the Channel, remained nine days with friends in London before sailing for home. Miss Crowell was married in Quebec to Dr. MacKay on Tuesday, October 5th. Dr. MacKay is one of the medical staff who accompanied the Canadian contingent, and is now in England.

The following graduates of the Montreal General Hospital accompanied the first Canadian expeditionary force: Misses Vivian Tremain, '01; Cecily Galt, '13; Georgina Massy, Isabella Strathy, Marjorie Webb, Juliet Pelletier, of 1914.

The members of the Alumnae Association voted one day's salary towards the Patriotic Fund, and realized $211.70.

Miss Gertrude Baynes, M.G.H., '11, is at present doing Red Cross work in France.

Miss M. B. Brittain, M.G.H., '11, has returned from a delightful holiday spent in England and Scotland.

Miss M. V. Young is living in England.

Miss Laura Terrill, M.G.H., '10, is at home again. She has, for the past year, been in Florida and other parts of the Southern States with a patient.

Miss Isobel Davies and Miss Mildred Forbes have returned from a holiday spent in England and on the Continent. Fortunately they had left Paris before war was declared.

Miss Mary Bruce, M.G.H., '05, has joined the Victorian Order of Nurses in Vancouver.

Miss Gertrude Vipond, M.G.H., '11, was married to A. W. Graham, Esq., September 9th, 1914.

Miss Ruth Logie and Miss Lillian Dickie have returned from a holiday spent in New Brunswick.

Miss Wyman, M.G.H., '10, has gone to Florida for the winter with a patient.

The new General Hospital, Sherbrooke, was opened in the presence of a large gathering of influential citizens, on October 9, 1914. Mr. B. C. Howard, President of the Board of Governors, occupied the chair, and in his opening address gave a short history of the institution. The dedication ceremony was very impressive, the dedicatory prayer being offered by Rev. G. Ellery Read. Dr. George Hume gave the report of the Medical Board. Other speakers were Canon Shrieve and Judge White. Dainty refreshments were served by the Ladies' Hospital Committee at the close. In the evening an enjoyable entertainment was given by the Junior Ladies' Aid.

The graduation exercises of class 1914 of the Woman's Hospital, Montreal, took place on September 16th, in the Nurses' Home. The rooms were prettily decorated with beautiful flowers given by the former graduates.

The class was addressed by Dr. H. L. Reddy, and Dr. W. Barnett. After the presentation of diplomas and medals, a musical programme varied with recitations was rendered by the pupils and friends of the graduates. Refreshments were served at the close.

The graduates are: Misses E. I. Knapp, A. Poyser, Elizabeth Boa and Catherine Boa.

The graduates desire to take this opportunity to thank all the nurses and their friends for their co-operation and help in making two Red Cross cases of supplies, which were, by request of Dr. K. Cameron, finished in time to be sent with the Canadian contingent from Valcartier. The supplies consisted of sterilizer, 1,000 assorted bandages, 100

absorbent dressings, 50 packages folded gauze (5 yards), 25 bags of absorbent sponges, 25 bags of gauze sponges.

New Brunswick

The graduating exercises for the class of 1914 of the St. John General Public Hospital were held in Centenary Church Schoolroom, on Thursday evening, November 5th.

Sixteen nurses received their diplomas. Miss Parsons, Superintendent of Nurses of the Massachusetts General Hospital, addressed the graduates. Other addresses were also given, a fine musical programme carried out, and refreshments served.

The G.P.H. Nurses' Alumnae will entertain Miss Parsons at the "Brown Betty Tea Rooms" on Friday afternoon.

The Massachusetts G.H. graduates in the city, and the St. John G.P.H. graduating class have also been invited.

Miss Edith Hegan, graduate of the Presbyterian Hospital, New York, who was in Germany with a patient at the time war was declared, and was detained there almost three months, after a very trying experience has just returned to her home in St. John, much to the relief of her many friends.

The Sisters of Charity have just opened a beautiful new hospital in St. John. They have accommodation for sixty patients.

THE GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA.

The sixth annual meeting of this Association was held on October 9th, at the Nurses' Home of the Victoria General Hospital, Halifax. The meeting was well attended, and much interest taken in the various reports and discussions.

Most excellent papers on "Domestic Science" and "Physical Culture" were presented by Miss Dobson and Miss E. Taylor, the respective instructors in dietetics and massage to the pupil nurses of the hospital.

Miss Violet Watkins gave a very interesting account of her Victorian Order work done by the milk station nurses in the larger cities of the Dominion.

Comprehensive reports of the proceedings of the conventions of nurses held in Halifax were submitted by our delegate, Miss F. M. Fraser, R.N.

The Secretary's report was submitted, also the Treasurer's, showing an expenditure of $304, and bank balance of $86.84.

Grants ammounting to $140 had been made from the Sick Benefit Fund.

The admission of new members enrolled was reported, 31 by election, 2 by examination.

The Registrar reported 402 calls during the year, 69 to fill institutional positions. Votes were passed to increase contribution toward registry expenses from $15 to $25 per month. To meet this expenditure the annual subscriptions were increased from $1 to $2 per annum.

The election of officers was announced: Hon. Pres., Mrs. D. D. Forrest; President, Miss V. L. Kirke; Vice-Presidents, Miss Sheraton, New Glasgow; Miss Sampson, Dartmouth; Miss Kirkpatrick, Truro; Treasurer, Miss F. Fraser; Secretary, Miss E. Pemberton.

Miss M. Morrison, Truro, was appointed to act on the Social Service Committee of the National Association.

The President's address made special reference to a number of undertakings accomplished during the year, and a very grateful appreciation of the faithful services of Miss Kirke, who had at last been persuaded to relinquish her arduous duties of Secretary and accept the office of President. The Association had occasion to place on record, also, a recognition of Miss Kirke's valuable services, not only to Halifax, but to the Maritime Provinces while occupying the important position of President of the Society of Superintendents of Training Schools for Nurses, and while appreciating the assistance rendered by public bodies and private individuals toward the entertainment of guests at the annual meetings of the National Associations recently held in Halifax, it was felt that these results were primarily due to the general popularity of Miss Kirke and her gifts for detail in business organization.

Votes of thanks were accorded to the trustee of the benefit fund, Mr. H. McInnes, K.C.; to the Association members and representatives of the Medical Association acting on the local Board of Examiners.

When the summons came to Halifax for the Army Nursing Reserve Sisters—Misses Allan, Folette and McLeod—to proceed to Quebec to serve with the expeditionary contingent, a farewell to the nurses at an impromptu tea at Restholm was hastily arranged.

The guests included most of the staff of the Military Station Hospital. Major and Mrs. Ross, Dr. and Mrs. Proudfoot, and many others were received by Mrs. Forrest, Miss Pemberton and Miss Fraser. Patriotic songs were sung, the soloists including Mrs. Bowes, Mrs. Higginson and Miss Murphy. The accompanist was Mrs. Kister McClellan.

Miss McLatchey, of the Permanent Nursing Corps, has been transferred to Quebec, to relieve Miss Strong, who has been appointed to Kingston.

The nursing staff of the Halifax Station Hospital has been reinforced by the services of the Reserve Sisters, Mrs. Doyle, Misses M. Ellis and M. Lynch.

Miss M. MacDonald, who has for one year been in charge of Dr.

McLellan's private hospital, has resigned. She has the best wishes of the Association for her future.

Regular monthly meetings for members of the Guild of St. Barnabas, held in St. Stephen's Chapel of All Saints Cathedral, have been well attended. Addresses by the clergy of the Cathedral have been appreciated.

Mrs. McIntosh (Miss Clare Harris) continues to act as secretary. A message to the Guild, through the Chaplain, the Rev. Dean Lloyd, has been received from one of our members now with the Canadian army nurses serving at Salisbury, England.

Misses Armstrong and Smith, graduated by the Payzand Memorial Hospital, Windsor, have successfully passed the examinations of the Graduate Nurses' Association of Nova Scotia.

MARRIAGES.

At Guelph, Ontario, on October 25, 1914, Miss Edna Kilgour, Graduate of Toronto General Hospital, to Mr. Irwin Schroder, of Berlin, Ont. Mr. and Mrs. Schroder will reside in Guelph.

At West Toronto, on November 4, 1914, Miss Marie Alberta Macfadyen, Graduate of Hospital for Sick Children, Toronto, to Mr. Alfred Burke Thompson, of Penetanguishene, Ont.

Miss Eva Stretton, Graduate of Vancouver General Hospital, to Dr. G. W. Sinclair, Medical Superintendent of Winnipeg General Hospital.

BIRTHS.

At Berlin, Ont., on Wednesday, February 4th, 1914, to Mr. and Mrs. Edward C. Pieper, a daughter. Mrs. Pieper (nee Agnes Koelln) is a graduate of Berlin and Waterloo Hospital, class '11.

At St. Michael's Hospital, Toronto, on October 9th, to Mr. and Mrs. P. Chester Hoyt, Port Credit, a daughter. Mrs. Hoyt (nee Gordon Miller) is a Graduate of St. Michael's Hospital, Class '10.

On June 16, 1914, to Mr. and Mrs. W. A. Churchill, a son. Mrs. Churchill is a Graduate of Montreal General Hospital, Class '05.

DEATHS.

On October 21, 1914, at 2965 37th Avenue, Vancouver, B.C., Mrs. M. J. Gillespie. Previous to her marriage a year ago Mrs. Gillespie, who was a Graduate of Boston City Hospital, was visiting nurse for the Anti-Tuberculosis Auxiliary. Her efficient work won for her a high place in the profession as well as a wide circle of friends.

In Honolulu, Hawaiian Islands, in February, 1914, Mrs. Buffet (Miss Orr, class of '99, R.V.H., Montreal), wife of Dr. Claude Buffet.

CANADIAN RED CROSS SOCIETY

The Red Cross Society is organized to collect money and goods for the relief of the sick and wounded in war. Head Office and Receiving Warehouse, 77 King Street East, Toronto.

Needs of the Society

1. **Money**—This is the first and most urgent need of the Society. It can at any moment be converted into the most necessary supplies and can be easily sent to any place.

2. **Other Supplies**—As some persons, more especially the women of the country, can give work and not money; and as some goods are better made by hand than bought, the following suggestions are offered to individuals and working parties who are desirous of helping:

Women organized for sewing should not spend money on buying the supplies which have simply to be shipped away as bought, as these can be better bought at Headquarters, but they are recommended to spend money on materials to work up into such garments as shirts, pyjamas, dressing gowns, bed jackets, nightshirts; or socks, wristlets, mitts, cholera belts and scarves; or kit bags, all of which require careful making.

All the articles enumerated under A, B, C and D are needed unless notice to the contrary is sent out.

A—Garments—In making these garments, Butterick's patterns, as approved by the British Red Cross Society, should be used. Sets of five patterns will be issued to any women's society applying for them to the Superintendent of Supplies, 77 King St. East, Toronto, enclosing 10 cents for mailing. These patterns are presented to the Red Cross Society by the Butterick Publishing Co., and should only be used in Red Cross work.

This must not be understood to mean that no other patterns are useful, but these are suggested to standardize the work.

The following garments are required:

Bed Jackets (No. 129), flannel or eiderdown.

Pyjamas (No. 130), flannelette or lightweight flannel.

Nightshirts (No. 131), cotton or flannelette.

Nightshirts, surgical (No. 133), cotton or white flannelette.

Dressing Gown (No. 132), heavy flannel or eiderdown.

Day Shirts (No. 7003), lightweight flannel or flannelette (detachable collar, at least 16½-inch). This pattern requires a 2-inch box pleat in the back.

All collars should be at least 16½ inches, and should vary up to 18 inches. Mark all garments with size of collar and tie up each size in a separate parcel.

Bed Socks—Cut two pieces of eiderdown the shape of the foot of a sock or moccasin, but considerably larger, and with four inches of leg. Sew the two pieces together down the back, along the sole, and over the top of the foot, leaving an opening in the leg at the front. Hem or

face the top of the leg so as to form a casing, and in this run a tape, leaving the ends long enough to tie. When complete the socks should look like a pair of overshoes or large boots.

B—Knitted Goods—Knitted Cholera Belts—Cast on 100 to 150 stitches, No. 13 steel needles; knit 3 inches ribbed, knit on to No. 9 bone needles, and knit 8 inches plain; knit on to the steel needles again, and rib for 3 inches. Sew up the back. Cast on and take off loosely. Fingering yarn No. 5, in natural or pale grey; soft quality.

Cast on and cast off very loosely.

Many men prefer woven belts. These can be obtained in three sizes, wholesale, for less than 30 cents each. Flannel belts are also useful.

Socks—With heels, are best; in three sizes, 10-inch, 10½-inch, and 11-inch foot. For the British Army, these are made in heavy grey yarn of good quality (wheeling), and sizes are distinguished in the following way:

Socks with 10-inch foot have 6 rows of red wool in the ribbing about 1-inch from top of leg of sock.

Socks with 10½-inch, have similar stripe in bright blue wool.

Socks with 11-inch foot, have similar stripe in white wool.

With 4-ply yarn, use No. 14 steel needles, casting on about 64-72 stitches.

The toe should be very carefully finished so that there is no "ridge" in casting off. "Darning-in" the stitches when reduced to 20 is the most satisfactory method of finishing the toe.

Socks knit of poor quality wool are almost worthless.

Scarves—72 inches long, 9 inches wide, in grey or khaki. Loose stitch.

Sleeping or Balaclava Cap—(A very simple pattern)—No. 9 bone needles. 4-ply yarn in grey or khaki.

Begin with 48 stitches and knit two flaps of 48 stitches each, 2 inches deep of 2 and 2 rib, 96 stitches in all. Then join the flaps by knitting on to 4 needles.

Knit 10 inches of 2 and 2 rib.

Cast off 30 stitches and leave a space 1½ inches deep; then cast on 30 stitches again and knit as before six inches before shaping the top. To shape the top knit two stitches together every alternate stitch. Knit one row plain. Repeat these two rows until only about 30 stitches are left on the needles, then decrease every other stitch each row.

Wristlets—Grey or khaki. Four-ply fingering. No. 14 steel needles. (4.)

Cast on about 60 stitches; rib for 9 inches. Cast off loosely. A hole for the thumb may be left if desired, so that the wristlet can be used as a mitt.

Mitts—3 oz. of 4-ply yarn. Grey or khaki. 6 needles, No. 14.

Knit like ordinary man's glove, but cast off fingers and thumbs after knitting 2 inches, leaving tops open.

C—Hold-Alls or Kit-Bags—(To hang over soldier's cot in hospital.)

Coarse linen or canvas, about 16 inches x 24 inches, with rings at corners to hang by. Pockets containing comb, brush, tooth-brush and paste. Towels, wash cloth, soap. Pair of pyjamas and socks, and soft slippers. Also 12 sheets of paper, envelopes in rubber band, and pencil, etc.

D—Bedding—No pillows or pillow slips required.

Sheets—60 x 90. Ready laundered. Good quality not necessary.

Towels—Huckaback or Turkish.

Washcloths—Assorted.

Blankets—Grey or brown. 80 x 60.

E—Medical Supplies—Pneumonia Jackets—Of cotton wool and cheesecloth, should only be made under direction of nurse or doctor.

Bandages—Bandages 2 in., 2½ in., 3 in., and 4 in., to be made of good factory cotton or old sheets in good condition. Length, 5 yards, to be used as outside bandages. No other bandages should be made, as they will be bought with medical supplies.

Handkerchiefs (for the hospital)—Should be of unhemmed cheesecloth, 18 x 18, laundered. Tie up in dozens.

Men's handkerchiefs, of ordinary size, ready laundered, are also acceptable. Tie up in dozens.

Money is urgently needed to purchase rubber goods, invalid foods, drugs, and other hospital appliances.

Packing and Shipping Directions

1. Launder all cotton goods, also socks and belts, carefully, before sending them.

2. Tie up all articles in dozens or half-dozens, according to size and material.

3. Bed socks, socks, wristlets, mitts and gloves should be lightly sewn together in pairs, not pinned. Bandages should be fastened by safety pin.

4. Lists of contents should be placed inside and outside every parcel, and a copy also forwarded by mail to the destination of the package.

5. Almost all railways and express companies are carrying Red Cross packages free of charge, but charges should be paid at point of despatch and the receipt forwarded to Secretary, 77 King St. East, Toronto, who will make, in due time, a general application for refunds.

To avoid expense and trouble in handling packages, it is suggested that no single package should weigh more than 150 lbs.

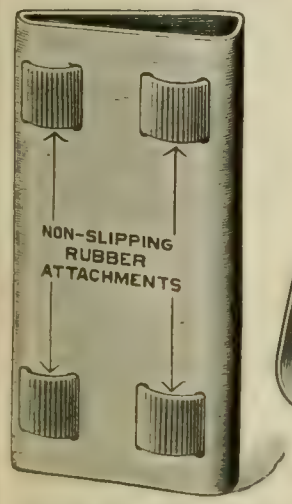
7. As far as possible, only one kind of article should be packed in each package; e.g., a case of sheets, a case of socks, etc., etc.

8. Small parcels can always be sent in to the Head Office, or Provincial Receiving Centres, but no large shipment of goods should be made without consulting the Head Office as to the correct destination of the goods, as shipping instructions must vary with the season.

Non-Slipping
Knee and Thigh Support and Foot Brace

Keeps the Patient from Sliding Down in Bed

A Comfort-Giving Appliance Needed in Every Sick-Room



Bottom View, Showing Non-Slipping Attachments

Patent Applied For

Supports and Rests the Knees

Makes a Comfortable Head-Rest

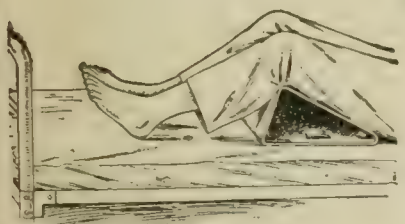
Fowler Position Obtained When Used With Back-Rest

Length, 21 in. Bottom Width, 10 in. Height, 7 in. Weight, 3½ lbs.

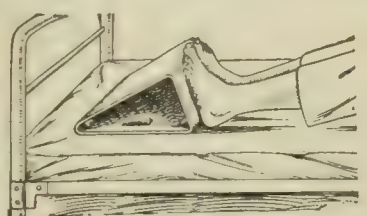
Bed-ridden patients invariably slip towards the foot of the Bed, and lifting a patient up again means laborious work for the Nurse. The "Meinecke" Non-Slipping Knee and Thigh Support prevents the patient from sliding down.

The Rubber Attachments on the bottom, which prevent the Knee Support from sliding, are corrugated, and are detachable. The Support itself is made of light-colored, fine quality veneered wood, and is varnished all over with Valspar Waterproof Varnish.

Illustrations Showing How The Non-Slipping Knee Support is Used



No. 1—As a Knee Rest and Thigh Support — Prevents the Patient from sliding down in Bed. Gives a more comfortable position by flexing the knees, thus relieving all strain from the Spine and Abdominal Muscles. This makes it especially valuable after childbirth.

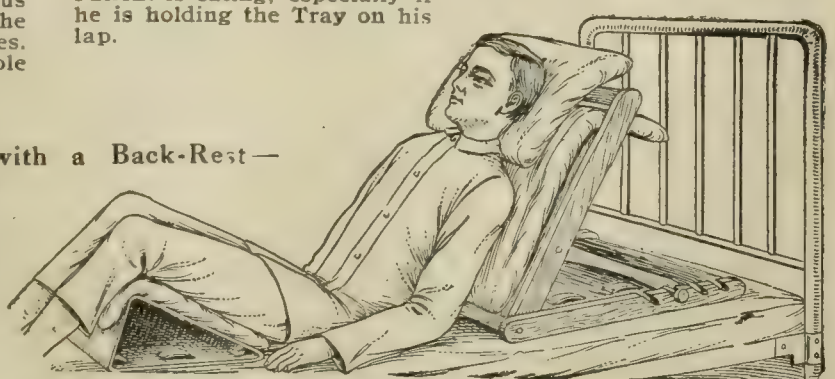


No. 2—As a Foot Brace— Prevents the Patient from sliding down. Also useful as a brace for the Feet when a Patient is eating, especially if he is holding the Tray on his lap.

No. 3—As a Head Rest— Much firmer than a Bolster, and not so heating. Does not sink in the Bed or slide.

No. 4—In Combination with a Back-Rest—

Gives the required Fowler Position for Post Operative Work; also for Proctoclysis (Continuous Rectal Irrigation). For Convalescents it also provides a comfortable position for reading or writing.



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MARRIAGES

Miss Ada Gibbons, Graduate of Vancouver General Hospital, to J. McPhee, B.A.Sc., of Vancouver.

Miss T. White, Graduate of Royal Victoria Hospital, Montreal, and late of staff of Vancouver General Hospital, to Dr. Webster.

At Mitchell, Ont., on June 17, 1914, Miss Mattie Coleman, Graduate of Hamilton City Hospital, to Mr. Edward Broughton, of Monkton, Ont.

At Craven, Sask., on July 22, 1914, Miss Nellie Scoville, Graduate of the Medicine Hat General Hospital, Class '13, to Mr. Robert Williamson, of Medicine Hat.

Miss Marion A. Mighton, of Painesville, Ohio, graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, was married on Oct. 1, 1914, to Mr. B. A. Williams.

On October 12, 1914, at Ottawa, Miss Gertrude Cosgrove, graduate of Ottawa General Hospital, class '09, to Mr. James Cullen, of Almonte, Ontario.

On October 26, 1914, at Ottawa, Miss Helen Butler, graduate of Ottawa General Hospital, class '13, to Dr. Horace Leggo, Ottawa.

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